~~621 Human Secreted Proteins~~HWHGU54 Polypeptides

Related Applications

5

This application is a continuation-in-part of PCT/US02/08123, filed March 19, 2002, which in turn claims benefit of the following:

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
PCT/US02/08123	Continuation-in-part of	10/100,683	03/19/02
10/100,683	Non-provisional of	60/277,340	03/21/01
10/100,683	Non-provisional of	60/306,171	07/19/01
10/100,683	Non-provisional of	60/331,287	11/13/01
10/100,683	Continuation-in-part of	09/981,876	10/19/01
09/981,876	Divisional of	09/621,011	07/20/00
09/621,011	Continuation of	09/148,545	09/04/98
09/148,545	Continuation-in-part of	PCT/US98/04482	03/06/98
10/100,683	Continuation-in-part of	09/621,011	07/20/00
09/621,011	Continuation of	09/148,545	09/04/98
09/148,545	Continuation-in-part of	PCT/US98/04482	03/06/98
10/100,683	Continuation-in-part of	09/148,545	09/04/98
09/148,545	Continuation-in-part of	PCT/US98/04482	03/06/98
10/100,683	Continuation-in-part of	PCT/US98/04482	03/06/98
PCT/US98/04482	Non-provisional of	60/040,162	03/07/97
PCT/US98/04482	Non-provisional of	60/040,333	03/07/97
PCT/US98/04482	Non-provisional of	60/038,621	03/07/97
PCT/US98/04482	Non-provisional of	60/040,161	03/07/97
PCT/US98/04482	Non-provisional of	60/040,626	03/07/97
PCT/US98/04482	Non-provisional of	60/040,334	03/07/97
PCT/US98/04482	Non-provisional of	60/040,336	03/07/97
PCT/US98/04482	Non-provisional of	60/040,163	03/07/97
PCT/US98/04482	Non-provisional of	60/047,615	05/23/97
PCT/US98/04482	Non-provisional of	60/047,600	05/23/97
PCT/US98/04482	Non-provisional of	60/047,597	05/23/97
PCT/US98/04482	Non-provisional of	60/047,502	05/23/97
PCT/US98/04482	Non-provisional of	60/047,633	05/23/97
PCT/US98/04482	Non-provisional of	60/047,583	05/23/97
PCT/US98/04482	Non-provisional of	60/047,617	05/23/97
PCT/US98/04482	Non-provisional of	60/047,618	05/23/97
PCT/US98/04482	Non-provisional of	60/047,503	05/23/97
PCT/US98/04482	Non-provisional of	60/047,592	05/23/97
PCT/US98/04482	Non-provisional of	60/047,581	05/23/97
PCT/US98/04482	Non-provisional of	60/047,584	05/23/97
PCT/US98/04482	Non-provisional of	60/047,500	05/23/97
PCT/US98/04482	Non-provisional of	60/047,587	05/23/97
PCT/US98/04482	Non-provisional of	60/047,492	05/23/97

PCT/US98/04482	Non-provisional of	60/047,598	05/23/97
PCT/US98/04482	Non-provisional of	60/047,613	05/23/97
PCT/US98/04482	Non-provisional of	60/047,582	05/23/97
PCT/US98/04482	Non-provisional of	60/047,596	05/23/97
PCT/US98/04482	Non-provisional of	60/047,612	05/23/97
PCT/US98/04482	Non-provisional of	60/047,632	05/23/97
PCT/US98/04482	Non-provisional of	60/047,601	05/23/97
PCT/US98/04482	Non-provisional of	60/043,580	04/11/97
PCT/US98/04482	Non-provisional of	60/043,568	04/11/97
PCT/US98/04482	Non-provisional of	60/043,314	04/11/97
PCT/US98/04482	Non-provisional of	60/043,569	04/11/97
PCT/US98/04482	Non-provisional of	60/043,311	04/11/97
PCT/US98/04482	Non-provisional of	60/043,671	04/11/97
PCT/US98/04482	Non-provisional of	60/043,674	04/11/97
PCT/US98/04482	Non-provisional of	60/043,669	04/11/97
PCT/US98/04482	Non-provisional of	60/043,312	04/11/97
PCT/US98/04482	Non-provisional of	60/043,313	04/11/97
PCT/US98/04482	Non-provisional of	60/043,672	04/11/97
PCT/US98/04482	Non-provisional of	60/043,315	04/11/97
PCT/US98/04482	Non-provisional of	60/048,974	06/06/97
PCT/US98/04482	Non-provisional of	60/056,886	08/22/97
PCT/US98/04482	Non-provisional of	60/056,877	08/22/97
PCT/US98/04482	Non-provisional of	60/056,889	08/22/97
PCT/US98/04482	Non-provisional of	60/056,893	08/22/97
PCT/US98/04482	Non-provisional of	60/056,630	08/22/97
PCT/US98/04482	Non-provisional of	60/056,878	08/22/97
PCT/US98/04482	Non-provisional of	60/056,662	08/22/97
PCT/US98/04482	Non-provisional of	60/056,872	08/22/97
PCT/US98/04482	Non-provisional of	60/056,882	08/22/97
PCT/US98/04482	Non-provisional of	60/056,637	08/22/97
PCT/US98/04482	Non-provisional of	60/056,903	08/22/97
PCT/US98/04482	Non-provisional of	60/056,888	08/22/97
PCT/US98/04482	Non-provisional of	60/056,879	08/22/97
PCT/US98/04482	Non-provisional of	60/056,880	08/22/97
PCT/US98/04482	Non-provisional of	60/056,894	08/22/97
PCT/US98/04482	Non-provisional of	60/056,911	08/22/97
PCT/US98/04482	Non-provisional of	60/056,636	08/22/97
PCT/US98/04482	Non-provisional of	60/056,874	08/22/97
PCT/US98/04482	Non-provisional of	60/056,910	08/22/97
PCT/US98/04482	Non-provisional of	60/056,864	08/22/97
PCT/US98/04482	Non-provisional of	60/056,631	08/22/97
PCT/US98/04482	Non-provisional of	60/056,845	08/22/97
PCT/US98/04482	Non-provisional of	60/056,892	08/22/97
PCT/US98/04482	Non-provisional of	60/047,595	05/23/97
PCT/US98/04482	Non-provisional of	60/057,761	09/05/97
PCT/US98/04482	Non-provisional of	60/047,599	05/23/97
PCT/US98/04482	Non-provisional of	60/047,588	05/23/97
PCT/US98/04482	Non-provisional of	60/047,585	05/23/97

PCT/US98/04482	Non-provisional of	60/047,586	05/23/97
PCT/US98/04482	Non-provisional of	60/047,590	05/23/97
PCT/US98/04482	Non-provisional of	60/047,594	05/23/97
PCT/US98/04482	Non-provisional of	60/047,589	05/23/97
PCT/US98/04482	Non-provisional of	60/047,593	05/23/97
PCT/US98/04482	Non-provisional of	60/047,614	05/23/97
PCT/US98/04482	Non-provisional of	60/043,578	04/11/97
PCT/US98/04482	Non-provisional of	60/043,576	04/11/97
PCT/US98/04482	Non-provisional of	60/047,501	05/23/97
PCT/US98/04482	Non-provisional of	60/043,670	04/11/97
PCT/US98/04482	Non-provisional of	60/056,632	08/22/97
PCT/US98/04482	Non-provisional of	60/056,664	08/22/97
PCT/US98/04482	Non-provisional of	60/056,876	08/22/97
PCT/US98/04482	Non-provisional of	60/056,881	08/22/97
PCT/US98/04482	Non-provisional of	60/056,909	08/22/97
PCT/US98/04482	Non-provisional of	60/056,875	08/22/97
PCT/US98/04482	Non-provisional of	60/056,862	08/22/97
PCT/US98/04482	Non-provisional of	60/056,887	08/22/97
PCT/US98/04482	Non-provisional of	60/056,908	08/22/97
PCT/US98/04482	Non-provisional of	60/048,964	06/06/97
PCT/US98/04482	Non-provisional of	60/057,650	09/05/97
PCT/US98/04482	Non-provisional of	60/056,884	08/22/97
10/100,683	Continuation-in-part of	09/882,171	06/18/01
09/882,171	Non-provisional of	60/190,068	03/17/00
09/882,171	Continuation of	09/809,391	03/16/01
09/809,391	Continuation-in-part of	09/149,476	09/08/98
09/149,476	Continuation-in-part of	PCT/US98/04493	03/06/98
10/100,683	Continuation-in-part of	09/809,391	03/16/01
09/809,391	Non-provisional of	60/190,068	03/17/00
09/809,391	Continuation-in-part of	09/149,476	09/08/98
09/149,476	Continuation-in-part of	PCT/US98/04493	03/06/98
10/100,683	Continuation-in-part of	09/149,476	09/08/98
09/149,476	Continuation-in-part of	PCT/US98/04493	03/06/98
10/100,683	Continuation-in-part of	PCT/US98/04493	03/06/98
PCT/US98/04493	Non-provisional of	60/040,161	03/07/97
PCT/US98/04493	Non-provisional of	60/040,162	03/07/97
PCT/US98/04493	Non-provisional of	60/040,333	03/07/97
PCT/US98/04493	Non-provisional of	60/038,621	03/07/97
PCT/US98/04493	Non-provisional of	60/040,626	03/07/97
PCT/US98/04493	Non-provisional of	60/040,334	03/07/97
PCT/US98/04493	Non-provisional of	60/040,336	03/07/97
PCT/US98/04493	Non-provisional of	60/040,163	03/07/97
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PCT/US98/04493	Non-provisional of	60/047,615	05/23/97
PCT/US98/04493	Non-provisional of	60/047,597	05/23/97
PCT/US98/04493	Non-provisional of	60/047,502	05/23/97
PCT/US98/04493	Non-provisional of	60/047,633	05/23/97
PCT/US98/04493	Non-provisional of	60/047,583	05/23/97

PCT/US98/04493	Non-provisional of	60/047,617	05/23/97
PCT/US98/04493	Non-provisional of	60/047,618	05/23/97
PCT/US98/04493	Non-provisional of	60/047,503	05/23/97
PCT/US98/04493	Non-provisional of	60/047,592	05/23/97
PCT/US98/04493	Non-provisional of	60/047,581	05/23/97
PCT/US98/04493	Non-provisional of	60/047,584	05/23/97
PCT/US98/04493	Non-provisional of	60/047,500	05/23/97
PCT/US98/04493	Non-provisional of	60/047,587	05/23/97
PCT/US98/04493	Non-provisional of	60/047,492	05/23/97
PCT/US98/04493	Non-provisional of	60/047,598	05/23/97
PCT/US98/04493	Non-provisional of	60/047,613	05/23/97
PCT/US98/04493	Non-provisional of	60/047,582	05/23/97
PCT/US98/04493	Non-provisional of	60/047,596	05/23/97
PCT/US98/04493	Non-provisional of	60/047,612	05/23/97
PCT/US98/04493	Non-provisional of	60/047,632	05/23/97
PCT/US98/04493	Non-provisional of	60/047,601	05/23/97
PCT/US98/04493	Non-provisional of	60/043,580	04/11/97
PCT/US98/04493	Non-provisional of	60/043,568	04/11/97
PCT/US98/04493	Non-provisional of	60/043,314	04/11/97
PCT/US98/04493	Non-provisional of	60/043,569	04/11/97
PCT/US98/04493	Non-provisional of	60/043,311	04/11/97
PCT/US98/04493	Non-provisional of	60/043,671	04/11/97
PCT/US98/04493	Non-provisional of	60/043,674	04/11/97
PCT/US98/04493	Non-provisional of	60/043,669	04/11/97
PCT/US98/04493	Non-provisional of	60/043,312	04/11/97
PCT/US98/04493	Non-provisional of	60/043,313	04/11/97
PCT/US98/04493	Non-provisional of	60/043,672	04/11/97
PCT/US98/04493	Non-provisional of	60/043,315	04/11/97
PCT/US98/04493	Non-provisional of	60/048,974	06/06/97
PCT/US98/04493	Non-provisional of	60/056,886	08/22/97
PCT/US98/04493	Non-provisional of	60/056,877	08/22/97
PCT/US98/04493	Non-provisional of	60/056,889	08/22/97
PCT/US98/04493	Non-provisional of	60/056,893	08/22/97
PCT/US98/04493	Non-provisional of	60/056,630	08/22/97
PCT/US98/04493	Non-provisional of	60/056,878	08/22/97
PCT/US98/04493	Non-provisional of	60/056,662	08/22/97
PCT/US98/04493	Non-provisional of	60/056,872	08/22/97
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PCT/US98/04493	Non-provisional of	60/056,637	08/22/97
PCT/US98/04493	Non-provisional of	60/056,903	08/22/97
PCT/US98/04493	Non-provisional of	60/056,888	08/22/97
PCT/US98/04493	Non-provisional of	60/056,879	08/22/97
PCT/US98/04493	Non-provisional of	60/056,880	08/22/97
PCT/US98/04493	Non-provisional of	60/056,894	08/22/97
PCT/US98/04493	Non-provisional of	60/056,911	08/22/97
PCT/US98/04493	Non-provisional of	60/056,636	08/22/97
PCT/US98/04493	Non-provisional of	60/056,874	08/22/97
PCT/US98/04493	Non-provisional of	60/056,910	08/22/97

PCT/US98/04493	Non-provisional of	60/056,864	08/22/97
PCT/US98/04493	Non-provisional of	60/056,631	08/22/97
PCT/US98/04493	Non-provisional of	60/056,845	08/22/97
PCT/US98/04493	Non-provisional of	60/056,892	08/22/97
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PCT/US98/04493	Non-provisional of	60/047,593	05/23/97
PCT/US98/04493	Non-provisional of	60/047,614	05/23/97
PCT/US98/04493	Non-provisional of	60/043,578	04/11/97
PCT/US98/04493	Non-provisional of	60/043,576	04/11/97
PCT/US98/04493	Non-provisional of	60/047,501	05/23/97
PCT/US98/04493	Non-provisional of	60/043,670	04/11/97
PCT/US98/04493	Non-provisional of	60/056,632	08/22/97
PCT/US98/04493	Non-provisional of	60/056,664	08/22/97
PCT/US98/04493	Non-provisional of	60/056,876	08/22/97
PCT/US98/04493	Non-provisional of	60/056,881	08/22/97
PCT/US98/04493	Non-provisional of	60/056,909	08/22/97
PCT/US98/04493	Non-provisional of	60/056,875	08/22/97
PCT/US98/04493	Non-provisional of	60/056,862	08/22/97
PCT/US98/04493	Non-provisional of	60/056,887	08/22/97
PCT/US98/04493	Non-provisional of	60/056,908	08/22/97
PCT/US98/04493	Non-provisional of	60/048,964	06/06/97
PCT/US98/04493	Non-provisional of	60/057,650	09/05/97
PCT/US98/04493	Non-provisional of	60/056,884	08/22/97
PCT/US98/04493	Non-provisional of	60/057,669	09/05/97
PCT/US98/04493	Non-provisional of	60/049,610	06/13/97
PCT/US98/04493	Non-provisional of	60/061,060	10/02/97
PCT/US98/04493	Non-provisional of	60/051,926	07/08/97
PCT/US98/04493	Non-provisional of	60/052,874	07/16/97
PCT/US98/04493	Non-provisional of	60/058,785	09/12/97
PCT/US98/04493	Non-provisional of	60/055,724	08/18/97
10/100,683	Continuation-in-part of	10/058,993	01/30/02
10/058,993	Non-provisional of	60/265,583	02/02/01
10/058,993	Continuation-in-part of	09/852,659	05/11/01
09/852,659	Continuation-in-part of	09/152,060	09/11/98
09/152,060	Continuation-in-part of	PCT/US98/04858	03/12/98
10/058,993	Continuation-in-part of	09/853,161	05/11/01
09/853,161	Continuation-in-part of	09/152,060	09/11/98
09/152,060	Continuation-in-part of	PCT/US98/04858	03/12/98
10/058,993	Continuation-in-part of	09/852,797	05/11/01
09/852,797	Continuation-in-part of	09/152,060	09/11/98

09/152,060	Continuation-in-part of	PCT/US98/04858	03/12/98
10/100,683	Continuation-in-part of	09/852,659	05/11/01
09/852,659	Non-provisional of	60/265,583	02/02/01
09/852,659	Continuation-in-part of	09/152,060	09/11/98
09/152,060	Continuation-in-part of	PCT/US98/04858	03/12/98
10/100,683	Continuation-in-part of	09/853,161	05/11/01
09/853,161	Non-provisional of	60/265,583	02/02/01
09/853,161	Continuation-in-part of	09/152,060	09/11/98
09/152,060	Continuation-in-part of	PCT/US98/04858	03/12/98
10/100,683	Continuation-in-part of	09/852,797	05/11/01
09/852,797	Non-provisional of	60/265,583	02/02/01
09/852,797	Continuation-in-part of	09/152,060	09/11/98
09/152,060	Continuation-in-part of	PCT/US98/04858	03/12/98
10/100,683	Continuation-in-part of	09/152,060	09/11/98
09/152,060	Continuation-in-part of	PCT/US98/04858	03/12/98
10/100,683	Continuation-in-part of	PCT/US98/04858	03/12/98
PCT/US98/04858	Non-provisional of	60/040,762	03/14/97
PCT/US98/04858	Non-provisional of	60/040,710	03/14/97
PCT/US98/04858	Non-provisional of	60/050,934	05/30/97
PCT/US98/04858	Non-provisional of	60/048,100	05/30/97
PCT/US98/04858	Non-provisional of	60/048,357	05/30/97
PCT/US98/04858	Non-provisional of	60/048,189	05/30/97
PCT/US98/04858	Non-provisional of	60/057,765	09/05/97
PCT/US98/04858	Non-provisional of	60/048,970	06/06/97
PCT/US98/04858	Non-provisional of	60/068,368	12/19/97
10/100,683	Continuation-in-part of	10/059,395	01/31/02
10/059,395	Divisional of	09/966,262	10/01/01
09/966,262	Continuation of	09/154,707	09/17/98
09/154,707	Continuation-in-part of	PCT/US98/05311	03/19/98
10/100,683	Continuation-in-part of	09/984,245	10/29/01
09/984,245	Divisional of	09/154,707	09/17/98
09/154,707	Continuation-in-part of	PCT/US98/05311	03/19/98
10/100,683	Continuation-in-part of	09/983,966	10/26/01
09/983,966	Divisional of	09/154,707	09/17/98
09/154,707	Continuation-in-part of	PCT/US98/05311	03/19/98
10/100,683	Continuation-in-part of	09/966,262	10/01/01
09/966,262	Continuation of of	09/154,707	09/17/98
09/154,707	Continuation-in-part of	PCT/US98/05311	03/19/98
10/100,683	Continuation-in-part of	09/154,707	09/17/98
09/154,707	Continuation-in-part of	PCT/US98/05311	03/19/98
10/100,683	Continuation-in-part of	PCT/US98/05311	03/03/98
PCT/US98/05311	Non-provisional of	60/041,277	03/21/97
PCT/US98/05311	Non-provisional of	60/042,344	03/21/97
PCT/US98/05311	Non-provisional of	60/041,276	03/21/97
PCT/US98/05311	Non-provisional of	60/041,281	03/21/97
PCT/US98/05311	Non-provisional of	60/048,094	05/30/97
PCT/US98/05311	Non-provisional of	60/048,350	05/30/97
PCT/US98/05311	Non-provisional of	60/048,188	05/30/97

PCT/US98/05311	Non-provisional of	60/048,135	05/30/97
PCT/US98/05311	Non-provisional of	60/050,937	05/30/97
PCT/US98/05311	Non-provisional of	60/048,187	05/30/97
PCT/US98/05311	Non-provisional of	60/048,099	05/30/97
PCT/US98/05311	Non-provisional of	60/048,352	05/30/97
PCT/US98/05311	Non-provisional of	60/048,186	05/30/97
PCT/US98/05311	Non-provisional of	60/048,069	05/30/97
PCT/US98/05311	Non-provisional of	60/048,095	05/30/97
PCT/US98/05311	Non-provisional of	60/048,131	05/30/97
PCT/US98/05311	Non-provisional of	60/048,096	05/30/97
PCT/US98/05311	Non-provisional of	60/048,355	05/30/97
PCT/US98/05311	Non-provisional of	60/048,160	05/30/97
PCT/US98/05311	Non-provisional of	60/048,351	05/30/97
PCT/US98/05311	Non-provisional of	60/048,154	05/30/97
PCT/US98/05311	Non-provisional of	60/054,804	08/05/97
PCT/US98/05311	Non-provisional of	60/056,370	08/19/97
PCT/US98/05311	Non-provisional of	60/060,862	10/02/97
10/100,683	Continuation-in-part of	09/814,122	03/22/01
09/814,122	Continuation of	09/577,145	05/24/00
09/577,145	Continuation of	09/166,780	10/06/98
09/166,780	Continuation-in-part of	PCT/US98/06801	04/07/98
10/100,683	Continuation-in-part of	PCT/US98/06801	04/07/98
PCT/US98/06801	Non-provisional of	60/042,726	04/08/97
PCT/US98/06801	Non-provisional of	60/042,727	04/08/97
PCT/US98/06801	Non-provisional of	60/042,728	04/08/97
PCT/US98/06801	Non-provisional of	60/042,754	04/08/97
PCT/US98/06801	Non-provisional of	60/042,825	04/08/97
PCT/US98/06801	Non-provisional of	60/048,068	05/30/97
PCT/US98/06801	Non-provisional of	60/048,070	05/30/97
PCT/US98/06801	Non-provisional of	60/048,184	05/30/97
10/100,683	Continuation-in-part of	PCT/US98/06801	04/07/97
PCT/US98/06801	Non-provisional of	60/042,726	04/08/97
PCT/US98/06801	Non-provisional of	60/042,727	04/08/97
PCT/US98/06801	Non-provisional of	60/042,728	04/08/97
PCT/US98/06801	Non-provisional of	60/042,754	04/08/97
PCT/US98/06801	Non-provisional of	60/042,825	04/08/97
PCT/US98/06801	Non-provisional of	60/048,068	05/30/97
PCT/US98/06801	Non-provisional of	60/048,070	05/30/97
PCT/US98/06801	Non-provisional of	60/048,184	05/30/97
10/100,683	Continuation-in-part of	PCT/US98/10868	05/28/98
PCT/US98/10868	Non-provisional of	60/044,039	05/30/97
PCT/US98/10868	Non-provisional of	60/048,093	05/30/97
PCT/US98/10868	Non-provisional of	60/048,190	05/30/97
PCT/US98/10868	Non-provisional of	60/050,935	05/30/97
PCT/US98/10868	Non-provisional of	60/048,101	05/30/97
PCT/US98/10868	Non-provisional of	60/048,356	05/30/97
PCT/US98/10868	Non-provisional of	60/056,250	08/29/97

PCT/US98/10868	Non-provisional of	60/056,296	08/29/97
PCT/US98/10868	Non-provisional of	60/056,293	08/29/97
10/100,683	Continuation-in-part of	PCT/US98/11422	06/04/98
PCT/US98/11422	Non-provisional of	60/048,885	06/06/97
PCT/US98/11422	Non-provisional of	60/049,375	06/06/97
PCT/US98/11422	Non-provisional of	60/048,881	06/06/97
PCT/US98/11422	Non-provisional of	60/048,880	06/06/97
PCT/US98/11422	Non-provisional of	60/048,896	06/06/97
PCT/US98/11422	Non-provisional of	60/049,020	06/06/97
PCT/US98/11422	Non-provisional of	60/048,876	06/06/97
PCT/US98/11422	Non-provisional of	60/048,895	06/06/97
PCT/US98/11422	Non-provisional of	60/048,884	06/06/97
PCT/US98/11422	Non-provisional of	60/048,894	06/06/97
PCT/US98/11422	Non-provisional of	60/048,971	06/06/97
PCT/US98/11422	Non-provisional of	60/048,964	06/06/97
PCT/US98/11422	Non-provisional of	60/048,882	06/06/97
PCT/US98/11422	Non-provisional of	60/048,899	06/06/97
PCT/US98/11422	Non-provisional of	60/048,893	06/06/97
PCT/US98/11422	Non-provisional of	60/048,900	06/06/97
PCT/US98/11422	Non-provisional of	60/048,901	06/06/97
PCT/US98/11422	Non-provisional of	60/048,892	06/06/97
PCT/US98/11422	Non-provisional of	60/048,915	06/06/97
PCT/US98/11422	Non-provisional of	60/049,019	06/06/97
PCT/US98/11422	Non-provisional of	60/048,970	06/06/97
PCT/US98/11422	Non-provisional of	60/048,972	06/06/97
PCT/US98/11422	Non-provisional of	60/048,916	06/06/97
PCT/US98/11422	Non-provisional of	60/049,373	06/06/97
PCT/US98/11422	Non-provisional of	60/048,875	06/06/97
PCT/US98/11422	Non-provisional of	60/049,374	06/06/97
PCT/US98/11422	Non-provisional of	60/048,917	06/06/97
PCT/US98/11422	Non-provisional of	60/048,949	06/06/97
PCT/US98/11422	Non-provisional of	60/048,974	06/06/97
PCT/US98/11422	Non-provisional of	60/048,883	06/06/97
PCT/US98/11422	Non-provisional of	60/048,897	06/06/97
PCT/US98/11422	Non-provisional of	60/048,898	06/06/97
PCT/US98/11422	Non-provisional of	60/048,962	06/06/97
PCT/US98/11422	Non-provisional of	60/048,963	06/06/97
PCT/US98/11422	Non-provisional of	60/048,877	06/06/97
PCT/US98/11422	Non-provisional of	60/048,878	06/06/97
PCT/US98/11422	Non-provisional of	60/057,645	09/05/97
PCT/US98/11422	Non-provisional of	60/057,642	09/05/97
PCT/US98/11422	Non-provisional of	60/057,668	09/05/97
PCT/US98/11422	Non-provisional of	60/057,635	09/05/97
PCT/US98/11422	Non-provisional of	60/057,627	09/05/97
PCT/US98/11422	Non-provisional of	60/057,667	09/05/97
PCT/US98/11422	Non-provisional of	60/057,666	09/05/97
PCT/US98/11422	Non-provisional of	60/057,764	09/05/97
PCT/US98/11422	Non-provisional of	60/057,643	09/05/97

PCT/US98/11422	Non-provisional of	60/057,769	09/05/97
PCT/US98/11422	Non-provisional of	60/057,763	09/05/97
PCT/US98/11422	Non-provisional of	60/057,650	09/05/97
PCT/US98/11422	Non-provisional of	60/057,584	09/05/97
PCT/US98/11422	Non-provisional of	60/057,647	09/05/97
PCT/US98/11422	Non-provisional of	60/057,661	09/05/97
PCT/US98/11422	Non-provisional of	60/057,662	09/05/97
PCT/US98/11422	Non-provisional of	60/057,646	09/05/97
PCT/US98/11422	Non-provisional of	60/057,654	09/05/97
PCT/US98/11422	Non-provisional of	60/057,651	09/05/97
PCT/US98/11422	Non-provisional of	60/057,644	09/05/97
PCT/US98/11422	Non-provisional of	60/057,765	09/05/97
PCT/US98/11422	Non-provisional of	60/057,762	09/05/97
PCT/US98/11422	Non-provisional of	60/057,775	09/05/97
PCT/US98/11422	Non-provisional of	60/057,648	09/05/97
PCT/US98/11422	Non-provisional of	60/057,774	09/05/97
PCT/US98/11422	Non-provisional of	60/057,649	09/05/97
PCT/US98/11422	Non-provisional of	60/057,770	09/05/97
PCT/US98/11422	Non-provisional of	60/057,771	09/05/97
PCT/US98/11422	Non-provisional of	60/057,761	09/05/97
PCT/US98/11422	Non-provisional of	60/057,760	09/05/97
PCT/US98/11422	Non-provisional of	60/057,776	09/05/97
PCT/US98/11422	Non-provisional of	60/057,778	09/05/97
PCT/US98/11422	Non-provisional of	60/057,629	09/05/97
PCT/US98/11422	Non-provisional of	60/057,628	09/05/97
PCT/US98/11422	Non-provisional of	60/057,777	09/05/97
PCT/US98/11422	Non-provisional of	60/057,634	09/05/97
PCT/US98/11422	Non-provisional of	60/070,923	12/18/97
10/100,683	Continuation-in-part of	PCT/US01/05614	02/21/01
PCT/US01/05614	Non-provisional of	60/184,836	02/24/00
PCT/US01/05614	Non-provisional of	60/193,170	03/29/00
10/100,683	Continuation-in-part of	PCT/US98/12125	06/11/98
PCT/US98/12125	Non-provisional of	60/049,547	06/13/97
PCT/US98/12125	Non-provisional of	60/049,548	06/13/97
PCT/US98/12125	Non-provisional of	60/049,549	06/13/97
PCT/US98/12125	Non-provisional of	60/049,550	06/13/97
PCT/US98/12125	Non-provisional of	60/049,566	06/13/97
PCT/US98/12125	Non-provisional of	60/049,606	06/13/97
PCT/US98/12125	Non-provisional of	60/049,607	06/13/97
PCT/US98/12125	Non-provisional of	60/049,608	06/13/97
PCT/US98/12125	Non-provisional of	60/049,609	06/13/97
PCT/US98/12125	Non-provisional of	60/049,610	06/13/97
PCT/US98/12125	Non-provisional of	60/049,611	06/13/97
PCT/US98/12125	Non-provisional of	60/050,901	06/13/97
PCT/US98/12125	Non-provisional of	60/052,989	06/13/97
PCT/US98/12125	Non-provisional of	60/051,919	07/08/97
PCT/US98/12125	Non-provisional of	60/055,984	08/18/97
PCT/US98/12125	Non-provisional of	60/058,665	09/12/97

PCT/US98/12125	Non-provisional of	60/058,668	09/12/97
PCT/US98/12125	Non-provisional of	60/058,669	09/12/97
PCT/US98/12125	Non-provisional of	60/058,750	09/12/97
PCT/US98/12125	Non-provisional of	60/058,971	09/12/97
PCT/US98/12125	Non-provisional of	60/058,972	09/12/97
PCT/US98/12125	Non-provisional of	60/058,975	09/12/97
PCT/US98/12125	Non-provisional of	60/060,834	10/02/97
PCT/US98/12125	Non-provisional of	60/060,841	10/02/97
PCT/US98/12125	Non-provisional of	60/060,844	10/02/97
PCT/US98/12125	Non-provisional of	60/060,865	10/02/97
PCT/US98/12125	Non-provisional of	60/061,059	10/02/97
PCT/US98/12125	Non-provisional of	60/061,060	10/02/97
10/100,683	Continuation-in-part of	09/627,081	07/27/00
09/627,081	Continuation of	09/213,365	12/17/98
09/213,365	Continuation-in-part of	PCT/US98/13608	06/30/98
10/100,683	Continuation-in-part of	PCT/US98/13608	06/30/98
PCT/US98/13608	Non-provisional of	60/051,480	07/01/97
PCT/US98/13608	Non-provisional of	60/051,381	07/01/97
PCT/US98/13608	Non-provisional of	60/058,663	09/12/97
PCT/US98/13608	Non-provisional of	60/058,598	09/12/97
10/100,683	Continuation-in-part of	09/984,490	10/30/01
09/984,490	Divisional of	09/227,357	01/08/99
09/227,357	Continuation-in-part of	PCT/US98/13684	07/07/98
10/100,683	Continuation-in-part of	09/983,802	10/25/01
09/983,802	Continuation of	09/227,357	10/10/01
09/227,357	Continuation-in-part of	PCT/US98/13684	07/07/98
10/100,683	Continuation-in-part of	09/973,278	10/10/01
09/973,278	Non-provisional of	60/239,899	10/13/00
09/973,278	Continuation-in-part of	09/227,357	01/08/99
09/227,357	Continuation-in-part of	PCT/US98/13684	07/07/98
10/100,683	Continuation-in-part of	PCT/US98/13684	07/07/98
PCT/US98/13684	Non-provisional of	60/051,926	07/08/97
PCT/US98/13684	Non-provisional of	60/052,793	07/08/97
PCT/US98/13684	Non-provisional of	60/051,925	07/08/97
PCT/US98/13684	Non-provisional of	60/051,929	07/08/97
PCT/US98/13684	Non-provisional of	60/052,803	07/08/97
PCT/US98/13684	Non-provisional of	60/052,732	07/08/97
PCT/US98/13684	Non-provisional of	60/051,931	07/08/97
PCT/US98/13684	Non-provisional of	60/051,932	07/08/97
PCT/US98/13684	Non-provisional of	60/051,916	07/08/97
PCT/US98/13684	Non-provisional of	60/051,930	07/08/97
PCT/US98/13684	Non-provisional of	60/051,918	07/08/97
PCT/US98/13684	Non-provisional of	60/051,920	07/08/97
PCT/US98/13684	Non-provisional of	60/052,733	07/08/97
PCT/US98/13684	Non-provisional of	60/052,795	07/08/97
PCT/US98/13684	Non-provisional of	60/051,919	07/08/97
PCT/US98/13684	Non-provisional of	60/051,928	07/08/97
PCT/US98/13684	Non-provisional of	60/055,722	08/18/97

PCT/US98/13684	Non-provisional of	60/055,723	08/18/97
PCT/US98/13684	Non-provisional of	60/055,948	08/18/97
PCT/US98/13684	Non-provisional of	60/055,949	08/18/97
PCT/US98/13684	Non-provisional of	60/055,953	08/18/97
PCT/US98/13684	Non-provisional of	60/055,950	08/18/97
PCT/US98/13684	Non-provisional of	60/055,947	08/18/97
PCT/US98/13684	Non-provisional of	60/055,964	08/18/97
PCT/US98/13684	Non-provisional of	60/056,360	08/18/97
PCT/US98/13684	Non-provisional of	60/055,684	08/18/97
PCT/US98/13684	Non-provisional of	60/055,984	08/18/97
PCT/US98/13684	Non-provisional of	60/055,954	08/18/97
PCT/US98/13684	Non-provisional of	60/058,785	09/12/97
PCT/US98/13684	Non-provisional of	60/058,664	09/12/97
PCT/US98/13684	Non-provisional of	60/058,660	09/12/97
PCT/US98/13684	Non-provisional of	60/058,661	09/12/97
10/100,683	Continuation-in-part of	09/776,724	02/06/01
09/776,724	Non-provisional of	60/180,909	02/08/00
09/776,724	Continuation-in-part of	09/669,688	09/26/00
09/669,688	Continuation of	09/229,982	01/14/99
09/229,982	Continuation-in-part of	PCT/US98/14613	07/15/98
10/100,683	Continuation-in-part of	09/669,688	09/26/00
09/669,688	Continuation of	09/229,982	01/14/99
09/229,982	Continuation-in-part of	PCT/US98/14613	07/15/98
10/100,683	Continuation-in-part of	09/229,982	01/14/99
09/229,982	Continuation-in-part of	PCT/US98/14613	07/15/98
10/100,683	Continuation-in-part of	PCT/US98/14613	07/15/98
PCT/US98/14613	Non-provisional of	60/052,661	07/16/97
PCT/US98/14613	Non-provisional of	60/052,872	07/16/97
PCT/US98/14613	Non-provisional of	60/052,871	07/16/97
PCT/US98/14613	Non-provisional of	60/052,874	07/16/97
PCT/US98/14613	Non-provisional of	60/052,873	07/16/97
PCT/US98/14613	Non-provisional of	60/052,870	07/16/97
PCT/US98/14613	Non-provisional of	60/052,875	07/16/97
PCT/US98/14613	Non-provisional of	60/053,440	07/22/97
PCT/US98/14613	Non-provisional of	60/053,441	07/22/97
PCT/US98/14613	Non-provisional of	60/053,442	07/22/97
PCT/US98/14613	Non-provisional of	60/056,359	08/18/97
PCT/US98/14613	Non-provisional of	60/055,725	08/18/97
PCT/US98/14613	Non-provisional of	60/055,985	08/18/97
PCT/US98/14613	Non-provisional of	60/055,952	08/18/97
PCT/US98/14613	Non-provisional of	60/055,989	08/18/97
PCT/US98/14613	Non-provisional of	60/056,361	08/18/97
PCT/US98/14613	Non-provisional of	60/055,726	08/18/97
PCT/US98/14613	Non-provisional of	60/055,724	08/18/97
PCT/US98/14613	Non-provisional of	60/055,946	08/18/97
PCT/US98/14613	Non-provisional of	60/055,683	08/18/97
10/100,683	Non-provisional of	60/295,558	06/05/01
10/100,683	Continuation-in-part of	09/820,649	03/30/01

09/820,649	Continuation of	09/666,984	09/21/00
09/666,984	Continuation of	09/236,557	01/26/99
09/236,557	Continuation-in-part of	PCT/US98/15949	07/29/98
10/100,683	Continuation-in-part of	PCT/US98/15949	07/29/98
PCT/US98/15949	Non-provisional of	60/054,212	07/30/97
PCT/US98/15949	Non-provisional of	60/054,209	07/30/97
PCT/US98/15949	Non-provisional of	60/054,234	07/30/97
PCT/US98/15949	Non-provisional of	60/054,218	07/30/97
PCT/US98/15949	Non-provisional of	60/054,214	07/30/97
PCT/US98/15949	Non-provisional of	60/054,236	07/30/97
PCT/US98/15949	Non-provisional of	60/054,215	07/30/97
PCT/US98/15949	Non-provisional of	60/054,211	07/30/97
PCT/US98/15949	Non-provisional of	60/054,217	07/30/97
PCT/US98/15949	Non-provisional of	60/054,213	07/30/97
PCT/US98/15949	Non-provisional of	60/055,968	08/18/97
PCT/US98/15949	Non-provisional of	60/055,969	08/18/97
PCT/US98/15949	Non-provisional of	60/055,972	08/18/97
PCT/US98/15949	Non-provisional of	60/056,561	08/19/97
PCT/US98/15949	Non-provisional of	60/056,534	08/19/97
PCT/US98/15949	Non-provisional of	60/056,729	08/19/97
PCT/US98/15949	Non-provisional of	60/056,543	08/19/97
PCT/US98/15949	Non-provisional of	60/056,727	08/19/97
PCT/US98/15949	Non-provisional of	60/056,554	08/19/97
PCT/US98/15949	Non-provisional of	60/056,730	08/19/97
10/100,683	Continuation-in-part of	09/969,730	10/04/01
09/969,730	Continuation-in-part of	09/774,639	02/01/01
09/774,639	Continuation of	09/244,112	02/04/99
09/244,112	Continuation-in-part of	PCT/US98/16235	08/04/98
10/100,683	Continuation-in-part of	09/774,639	02/01/01
09/774,639	Continuation of	09/244,112	02/04/99
09/244,112	Continuation-in-part of	PCT/US98/16235	08/04/98
10/100,683	Continuation-in-part of	09/969,730	10/04/01
09/969,730	Non-provisional of	60/238,291	10/06/00
10/100,683	Continuation-in-part of	PCT/US98/16235	08/04/98
PCT/US98/16235	Non-provisional of	60/055,386	08/05/97
PCT/US98/16235	Non-provisional of	60/054,807	08/05/97
PCT/US98/16235	Non-provisional of	60/055,312	08/05/97
PCT/US98/16235	Non-provisional of	60/055,309	08/05/97
PCT/US98/16235	Non-provisional of	60/054,798	08/05/97
PCT/US98/16235	Non-provisional of	60/055,310	08/05/97
PCT/US98/16235	Non-provisional of	60/054,806	08/05/97
PCT/US98/16235	Non-provisional of	60/054,809	08/05/97
PCT/US98/16235	Non-provisional of	60/054,804	08/05/97
PCT/US98/16235	Non-provisional of	60/054,803	08/05/97
PCT/US98/16235	Non-provisional of	60/054,808	08/05/97
PCT/US98/16235	Non-provisional of	60/055,311	08/05/97
PCT/US98/16235	Non-provisional of	60/055,986	08/18/97
PCT/US98/16235	Non-provisional of	60/055,970	08/18/97

PCT/US98/16235	Non-provisional of	60/056,563	08/19/97
PCT/US98/16235	Non-provisional of	60/056,557	08/19/97
PCT/US98/16235	Non-provisional of	60/056,731	08/19/97
PCT/US98/16235	Non-provisional of	60/056,365	08/19/97
PCT/US98/16235	Non-provisional of	60/056,367	08/19/97
PCT/US98/16235	Non-provisional of	60/056,370	08/19/97
PCT/US98/16235	Non-provisional of	60/056,364	08/19/97
PCT/US98/16235	Non-provisional of	60/056,366	08/19/97
PCT/US98/16235	Non-provisional of	60/056,732	08/19/97
PCT/US98/16235	Non-provisional of	60/056,371	08/19/97
10/100,683	Continuation-in-part of	09/716,128	11/17/00
09/716,128	Continuation of	09/251,329	02/17/99
09/251,329	Continuation-in-part of	PCT/US98/17044	08/18/98
10/100,683	Continuation-in-part of	PCT/US98/17044	08/18/98
PCT/US98/17044	Non-provisional of	60/056,555	08/19/97
PCT/US98/17044	Non-provisional of	60/056,556	08/19/97
PCT/US98/17044	Non-provisional of	60/056,535	08/19/97
PCT/US98/17044	Non-provisional of	60/056,629	08/19/97
PCT/US98/17044	Non-provisional of	60/056,369	08/19/97
PCT/US98/17044	Non-provisional of	60/056,628	08/19/97
PCT/US98/17044	Non-provisional of	60/056,728	08/19/97
PCT/US98/17044	Non-provisional of	60/056,368	08/19/97
PCT/US98/17044	Non-provisional of	60/056,726	08/19/97
PCT/US98/17044	Non-provisional of	60/089,510	06/16/98
PCT/US98/17044	Non-provisional of	60/092,956	07/15/98
10/100,683	Continuation-in-part of	09/729,835	12/06/00
09/729,835	Divisional of	09/257,179	02/25/99
09/257,179	Continuation-in-part of	PCT/US98/17709	08/27/98
10/100,683	Continuation-in-part of	09/257,179	02/25/99
09/257,179	Continuation-in-part of	PCT/US98/17709	08/27/98
10/100,683	Continuation-in-part of	PCT/US98/17709	08/27/98
PCT/US98/17709	Non-provisional of	60/056,270	08/29/97
PCT/US98/17709	Non-provisional of	60/056,271	08/29/97
PCT/US98/17709	Non-provisional of	60/056,247	08/29/97
PCT/US98/17709	Non-provisional of	60/056,073	08/29/97
10/100,683	Continuation-in-part of	10/047,021	01/17/02
10/047,021	Continuation-in-part of	09/722,329	11/28/00
09/722,329	Continuation of	09/262,109	03/04/99
09/262,109	Continuation-in-part of	PCT/US98/18360	09/03/98
10/100,683	Continuation-in-part of	09/722,329	11/28/00
09/722,329	Continuation of	09/262,109	03/04/99
09/262,109	Continuation-in-part of	PCT/US98/18360	09/03/98
10/100,683	Continuation-in-part of	PZ016pct2	01/17/02
PZ016pct2	Non-provisional of	60/262,066	01/18/01
10/100,683	Continuation-in-part of	PCT/US98/18360	09/03/98

PCT/US98/18360	Non-provisional of	60/057,626	09/05/97
PCT/US98/18360	Non-provisional of	60/057,663	09/05/97
PCT/US98/18360	Non-provisional of	60/057,669	09/05/97
PCT/US98/18360	Non-provisional of	60/058,667	09/12/97
PCT/US98/18360	Non-provisional of	60/058,974	09/12/97
PCT/US98/18360	Non-provisional of	60/058,973	09/12/97
PCT/US98/18360	Non-provisional of	60/058,666	09/12/97
PCT/US98/18360	Non-provisional of	60/090,112	06/22/98
10/100,683	Continuation-in-part of	09/281,976	03/31/99
09/281,976	Continuation-in-part of	PCT/US98/20775	10/01/98
10/100,683	Continuation-in-part of	PCT/US98/20775	10/01/98
PCT/US98/20775	Non-provisional of	60/060,837	10/02/97
PCT/US98/20775	Non-provisional of	60/060,862	10/02/97
PCT/US98/20775	Non-provisional of	60/060,839	10/02/97
PCT/US98/20775	Non-provisional of	60/060,866	10/02/97
PCT/US98/20775	Non-provisional of	60/060,843	10/02/97
PCT/US98/20775	Non-provisional of	60/060,836	10/02/97
PCT/US98/20775	Non-provisional of	60/060,838	10/02/97
PCT/US98/20775	Non-provisional of	60/060,874	10/02/97
PCT/US98/20775	Non-provisional of	60/060,833	10/02/97
PCT/US98/20775	Non-provisional of	60/060,884	10/02/97
PCT/US98/20775	Non-provisional of	60/060,880	10/02/97
10/100,683	Continuation-in-part of	09/984,429	10/30/01
09/984,429	Non-provisional of	60/244,591	11/01/00
09/984,429	Continuation-in-part of	09/288,143	04/08/99
09/288,143	Continuation-in-part of	PCT/US98/21142	10/08/98
10/100,683	Non-provisional of	60/244,591	11/01/00
10/100,683	Continuation-in-part of	09/288,143	04/08/99
09/288,143	Continuation-in-part of	PCT/US98/21142	10/08/98
10/100,683	Continuation-in-part of	PCT/US98/21142	10/08/98
PCT/US98/21142	Non-provisional of	60/061,463	10/09/97
PCT/US98/21142	Non-provisional of	60/061,529	10/09/97
PCT/US98/21142	Non-provisional of	60/071,498	10/09/97
PCT/US98/21142	Non-provisional of	60/061,527	10/09/97
PCT/US98/21142	Non-provisional of	60/061,536	10/09/97
PCT/US98/21142	Non-provisional of	60/061,532	10/09/97
10/100,683	Continuation-in-part of	09/296,622	04/23/99
09/296,622	Continuation-in-part of	PCT/US98/22376	10/23/98
10/100,683	Continuation-in-part of	PCT/US98/22376	10/23/98
PCT/US98/22376	Non-provisional of	60/063,099	10/24/97
PCT/US98/22376	Non-provisional of	60/063,088	10/24/97
PCT/US98/22376	Non-provisional of	60/063,100	10/24/97
PCT/US98/22376	Non-provisional of	60/063,387	10/24/97
PCT/US98/22376	Non-provisional of	60/063,148	10/24/97

PCT/US98/22376	Non-provisional of	60/063,386	10/24/97
PCT/US98/22376	Non-provisional of	60/062,784	10/24/97
PCT/US98/22376	Non-provisional of	60/063,091	10/24/97
PCT/US98/22376	Non-provisional of	60/063,090	10/24/97
PCT/US98/22376	Non-provisional of	60/063,089	10/24/97
PCT/US98/22376	Non-provisional of	60/063,092	10/24/97
PCT/US98/22376	Non-provisional of	60/063,111	10/24/97
PCT/US98/22376	Non-provisional of	60/063,101	10/24/97
PCT/US98/22376	Non-provisional of	60/063,109	10/24/97
PCT/US98/22376	Non-provisional of	60/063,110	10/24/97
PCT/US98/22376	Non-provisional of	60/063,098	10/24/97
PCT/US98/22376	Non-provisional of	60/063,097	10/24/97
10/100,683	Continuation-in-part of	09/974,879	10/12/01
09/974,879	Non-provisional of	60/239,893	10/13/00
09/974,879	Continuation-in-part of	09/818,683	03/28/01
09/818,683	Continuation of	09/305,736	05/05/99
09/305,736	Continuation-in-part of	PCT/US98/23435	11/04/98
10/100,683	Continuation-in-part of	09/818,683	03/28/01
09/818,683	Continuation of	09/305,736	05/05/99
09/305,736	Continuation-in-part of	PCT/US98/23435	11/04/98
10/100,683	Continuation-in-part of	09/305,736	05/05/99
09/305,736	Continuation-in-part of	PCT/US98/23435	11/04/98
10/100,683	Continuation-in-part of	PCT/US98/23435	11/04/98
PCT/US98/23435	Non-provisional of	60/064,911	11/07/97
PCT/US98/23435	Non-provisional of	60/064,912	11/07/97
PCT/US98/23435	Non-provisional of	60/064,983	11/07/97
PCT/US98/23435	Non-provisional of	60/064,900	11/07/97
PCT/US98/23435	Non-provisional of	60/064,988	11/07/97
PCT/US98/23435	Non-provisional of	60/064,987	11/07/97
PCT/US98/23435	Non-provisional of	60/064,908	11/07/97
PCT/US98/23435	Non-provisional of	60/064,984	11/07/97
PCT/US98/23435	Non-provisional of	60/064,985	11/07/97
PCT/US98/23435	Non-provisional of	60/066,094	11/17/97
PCT/US98/23435	Non-provisional of	60/066,100	11/17/97
PCT/US98/23435	Non-provisional of	60/066,089	11/17/97
PCT/US98/23435	Non-provisional of	60/066,095	11/17/97
PCT/US98/23435	Non-provisional of	60/066,090	11/17/97
10/100,683	Continuation-in-part of	09/334,595	06/17/99
09/334,595	Continuation-in-part of	PCT/US98/27059	12/17/98
10/100,683	Continuation-in-part of	PCT/US98/27059	12/17/98
PCT/US98/27059	Non-provisional of	60/070,923	12/18/97
PCT/US98/27059	Non-provisional of	60/068,007	12/18/97
PCT/US98/27059	Non-provisional of	60/068,057	12/18/97
PCT/US98/27059	Non-provisional of	60/068,006	12/18/97
PCT/US98/27059	Non-provisional of	60/068,369	12/19/97
PCT/US98/27059	Non-provisional of	60/068,367	12/19/97
PCT/US98/27059	Non-provisional of	60/068,368	12/19/97

PCT/US98/27059	Non-provisional of	60/068,169	12/19/97
PCT/US98/27059	Non-provisional of	60/068,053	12/18/97
PCT/US98/27059	Non-provisional of	60/068,064	12/18/97
PCT/US98/27059	Non-provisional of	60/068,054	12/18/97
PCT/US98/27059	Non-provisional of	60/068,008	12/18/97
PCT/US98/27059	Non-provisional of	60/068,365	12/19/97
10/100,683	Continuation-in-part of	09/938,671	08/27/01
09/938,671	Continuation of	09/739,907	12/20/00
09/739,907	Continuation of	09/348,457	07/07/99
09/348,457	Continuation-in-part of	PCT/US99/00108	01/06/99
10/100,683	Continuation-in-part of	09/739,907	12/20/00
09/739,907	Continuation of	09/348,457	07/07/99
09/348,457	Continuation-in-part of	PCT/US99/00108	01/06/99
10/100,683	Continuation-in-part of	09/348,457	07/07/99
09/348,457	Continuation-in-part of	PCT/US99/00108	01/06/99
10/100,683	Continuation-in-part of	PCT/US99/00108	01/06/99
PCT/US99/00108	Non-provisional of	60/070,704	01/07/98
PCT/US99/00108	Non-provisional of	60/070,658	01/07/98
PCT/US99/00108	Non-provisional of	60/070,692	01/07/98
PCT/US99/00108	Non-provisional of	60/070,657	01/07/98
10/100,683	Continuation-in-part of	09/949,925	09/12/01
09/949,925	Non-provisional of	60/232,150	09/12/00
09/949,925	Continuation-in-part of	PCT/US99/01621	01/27/99
09/949,925	Continuation-in-part of	09/363,044	07/29/99
09/363,044	Continuation-in-part of	PCT/US99/01621	01/27/99
10/100,683	Continuation-in-part of	09/813,153	03/21/01
09/813,153	Continuation of	09/363,044	07/29/99
09/363,044	Continuation-in-part of	PCT/US99/01621	01/27/99
10/100,683	Continuation-in-part of	09/363,044	07/29/99
09/363,044	Continuation-in-part of	PCT/US99/01621	01/27/99
10/100,683	Continuation-in-part of	PCT/US99/01621	01/27/99
PCT/US99/01621	Non-provisional of	60/073,170	01/30/98
PCT/US99/01621	Non-provisional of	60/073,167	01/30/98
PCT/US99/01621	Non-provisional of	60/073,165	01/30/98
PCT/US99/01621	Non-provisional of	60/073,164	01/30/98
PCT/US99/01621	Non-provisional of	60/073,162	01/30/98
PCT/US99/01621	Non-provisional of	60/073,161	01/30/98
PCT/US99/01621	Non-provisional of	60/073,160	01/30/98
PCT/US99/01621	Non-provisional of	60/073,159	01/30/98
10/100,683	Continuation-in-part of	10/062,548	02/05/02
10/062,548	Continuation of	09/369,247	08/05/99
09/369,247	Continuation-in-part of	PCT/US99/02293	02/04/99
10/100,683	Continuation-in-part of	09/369,247	08/05/99

09/369,247	Continuation-in-part of	PCT/US99/02293	02/04/99
10/100,683	Continuation-in-part of	PCT/US99/02293	02/04/99
PCT/US99/02293	Non-provisional of	60/074,118	02/09/98
PCT/US99/02293	Non-provisional of	60/074,157	02/09/98
PCT/US99/02293	Non-provisional of	60/074,037	02/09/98
PCT/US99/02293	Non-provisional of	60/074,141	02/09/98
PCT/US99/02293	Non-provisional of	60/074,341	02/09/98
10/100,683	Continuation-in-part of	09/716,129	11/17/00
09/716,129	Continuation-in-part of	PCT/US99/03939	02/24/99
09/716,129	CON	09/382,572	08/25/99
09/382,572	Continuation-in-part of	PCT/US99/03939	02/24/99
10/100,683	Continuation-in-part of	PCT/US99/03939	02/24/99
PCT/US99/03939	Non-provisional of	60/076,053	02/26/98
PCT/US99/03939	Non-provisional of	60/076,051	02/26/98
PCT/US99/03939	Non-provisional of	60/076,054	02/26/98
PCT/US99/03939	Non-provisional of	60/076,052	02/26/98
PCT/US99/03939	Non-provisional of	60/076,057	02/26/98
10/100,683	Continuation-in-part of	09/798,889	03/06/01
09/798,889	CON	09/393,022	09/09/99
09/393,022	Continuation-in-part of	PCT/US99/05721	03/11/99
10/100,683	Continuation-in-part of	PCT/US99/05721	03/11/99
PCT/US99/05721	Non-provisional of	60/077,714	03/12/98
PCT/US99/05721	Non-provisional of	60/077,686	03/12/98
PCT/US99/05721	Non-provisional of	60/077,687	03/12/98
PCT/US99/05721	Non-provisional of	60/077,696	03/12/98
10/100,683	Continuation-in-part of	09/397,945	09/17/99
09/397,945	Continuation-in-part of	PCT/US99/05804	03/18/99
10/100,683	Continuation-in-part of	PCT/US99/05804	03/18/99
PCT/US99/05804	Non-provisional of	60/078,566	03/19/98
PCT/US99/05804	Non-provisional of	60/078,576	03/19/98
PCT/US99/05804	Non-provisional of	60/078,573	03/19/98
PCT/US99/05804	Non-provisional of	60/078,574	03/19/98
PCT/US99/05804	Non-provisional of	60/078,579	03/19/98
PCT/US99/05804	Non-provisional of	60/080,314	04/01/98
PCT/US99/05804	Non-provisional of	60/080,312	04/01/98
PCT/US99/05804	Non-provisional of	60/078,578	03/19/98
PCT/US99/05804	Non-provisional of	60/078,581	03/19/98
PCT/US99/05804	Non-provisional of	60/078,577	03/19/98
PCT/US99/05804	Non-provisional of	60/078,563	03/19/98
PCT/US99/05804	Non-provisional of	60/080,313	04/01/98
10/100,683	Continuation-in-part of	09/948,783	09/10/01

09/948,783	Non-provisional of	60/231,846	09/11/00
09/948,783	Continuation-in-part of	09/892,877	06/28/01
09/892,877	Continuation of	09/437,658	11/10/99
09/437,658	Continuation-in-part of	PCT/US99/09847	05/06/99
10/100,683	Continuation-in-part of	09/892,877	06/28/01
09/892,877	Continuation of	09/437,658	11/10/99
09/437,658	Continuation-in-part of	PCT/US99/09847	05/06/99
10/100,683	Continuation-in-part of	PCT/US99/09847	05/06/99
PCT/US99/09847	Non-provisional of	60/085,093	05/12/98
PCT/US99/09847	Non-provisional of	60/085,094	05/12/98
PCT/US99/09847	Non-provisional of	60/085,105	05/12/98
PCT/US99/09847	Non-provisional of	60/085,180	05/12/98
PCT/US99/09847	Non-provisional of	60/085,927	05/18/98
PCT/US99/09847	Non-provisional of	60/085,906	05/18/98
PCT/US99/09847	Non-provisional of	60/085,920	05/18/98
PCT/US99/09847	Non-provisional of	60/085,924	05/18/98
PCT/US99/09847	Non-provisional of	60/085,922	05/18/98
PCT/US99/09847	Non-provisional of	60/085,923	05/18/98
PCT/US99/09847	Non-provisional of	60/085,921	05/18/98
PCT/US99/09847	Non-provisional of	60/085,925	05/18/98
PCT/US99/09847	Non-provisional of	60/085,928	05/18/98
10/100,683	Continuation-in-part of	10/050,873	01/18/02
10/050,873	Non-provisional of	60/263,681	01/24/01
10/050,873	Non-provisional of	60/263,230	01/23/01
10/050,873	Continuation-in-part of	09/461,325	12/14/99
09/461,325	Continuation-in-part of	PCT/US99/13418	06/15/99
10/100,683	Continuation-in-part of	10/012,542	12/12/01
10/012,542	Divisional of	09/461,325	12/14/99
09/461,325	Continuation-in-part of	PCT/US99/13418	06/15/99
10/100,683	Continuation-in-part of	09/461,325	12/14/99
09/461,325	Continuation-in-part of	PCT/US99/13418	06/15/99
10/100,683	Continuation-in-part of	PCT/US99/13418	06/15/99
PCT/US99/13418	Non-provisional of	60/089,507	06/16/98
PCT/US99/13418	Non-provisional of	60/089,508	06/16/98
PCT/US99/13418	Non-provisional of	60/089,509	06/16/98
PCT/US99/13418	Non-provisional of	60/089,510	06/16/98
PCT/US99/13418	Non-provisional of	60/090,112	06/22/98
PCT/US99/13418	Non-provisional of	60/090,113	06/22/98
10/100,683	Continuation-in-part of	09/984,271	10/29/01
09/984,271	Divisional of	09/482,273	01/13/00
09/482,273	Continuation-in-part of	PCT/US99/15849	07/14/99
10/100,683	Continuation-in-part of	09/984,276	10/29/01

09/984,276	Divisional of	09/482,273	01/13/00
09/482,273	Continuation-in-part of	PCT/US99/15849	07/14/99
10/100,683	Continuation-in-part of	09/482,273	01/13/00
09/482,273	Continuation-in-part of	PCT/US99/15849	07/14/99
10/100,683	Continuation-in-part of	PCT/US99/15849	07/14/99
PCT/US99/15849	Non-provisional of	60/092,921	07/15/98
PCT/US99/15849	Non-provisional of	60/092,922	07/15/98
PCT/US99/15849	Non-provisional of	60/092,956	07/15/98
10/100,683	Continuation-in-part of	PCT/US01/29871	09/24/01
PCT/US01/29871	Non-provisional of	60/234,925	09/25/00
PCT/US01/29871	Continuation-in-part of	PCT/US01/00911	01/12/01
10/100,683	Continuation-in-part of	PCT/US01/00911	01/12/01
PCT/US01/00911	Continuation-in-part of	09/482,273	01/13/00
10/100,683	Non-provisional of	60/350,898	01/25/02
10/100,683	Continuation-in-part of	09/489,847	01/24/00
09/489,847	Continuation-in-part of	PCT/US99/17130	07/29/99
10/100,683	Continuation-in-part of	PCT/US99/17130	07/29/99
PCT/US99/17130	Non-provisional of	60/094,657	07/30/98
PCT/US99/17130	Non-provisional of	60/095,486	08/05/98
PCT/US99/17130	Non-provisional of	60/096,319	08/12/98
PCT/US99/17130	Non-provisional of	60/095,454	08/06/98
PCT/US99/17130	Non-provisional of	60/095,455	08/06/98
10/100,683	Continuation-in-part of	10/054,988	01/25/02
10/054,988	Continuation of	09/904,615	07/16/01
09/904,615	Continuation of	09/739,254	12/19/00
09/739,254	Continuation of	09/511,554	02/23/00
09/511,554	Continuation-in-part of	PCT/US99/19330	08/24/99
10/100,683	Continuation-in-part of	09/904,615	07/16/01
09/904,615	Continuation of	09/739,254	12/19/00
09/739,254	Continuation of	09/511,554	02/23/00
09/511,554	Continuation-in-part of	PCT/US99/19330	08/24/99
10/100,683	Continuation-in-part of	PCT/US99/19330	08/24/99
PCT/US99/19330	Non-provisional of	60/097,917	08/25/98
PCT/US99/19330	Non-provisional of	60/098,634	08/31/98
10/100,683	Continuation-in-part of	09/820,893	03/30/01
09/820,893	Continuation of	09/531,119	03/20/00
09/531,119	Continuation-in-part of	PCT/US99/22012	09/22/99
10/100,683	Continuation-in-part of	PCT/US99/22012	09/22/99
PCT/US99/22012	Non-provisional of	60/101,546	09/23/98
PCT/US99/22012	Non-provisional of	60/102,895	10/02/98
10/100,683	Continuation-in-part of	09/948,820	09/10/01
09/948,820	Continuation of	09/565,391	05/05/00
09/565,391	Continuation-in-part of	PCT/US99/26409	11/09/99
10/100,683	Continuation-in-part of	09/565,391	05/05/00
09/565,391	Continuation-in-part of	PCT/US99/26409	11/09/99
10/100,683	Continuation-in-part of	PCT/US99/26409	11/09/99
PCT/US99/26409	Non-provisional of	60/108,207	11/12/98

10/100,683	Continuation-in-part of	09/895,298	07/02/01
09/895,298	Continuation of	09/591,316	06/09/00
09/591,316	Continuation-in-part of	PCT/US99/29950	12/16/99
10/100,683	Continuation-in-part of	PCT/US99/29950	12/16/99
PCT/US99/29950	Non-provisional of	60/113,006	12/18/98
PCT/US99/29950	Non-provisional of	60/112,809	12/17/98
10/100,683	Continuation-in-part of	09/985,153	11/01/01
09/985,153	Continuation of	09/618,150	07/17/00
09/618,150	Continuation-in-part of	PCT/US00/00903	01/18/00
10/100,683	Continuation-in-part of	PCT/US00/00903	01/18/00
PCT/US00/00903	Non-provisional of	60/116,330	01/19/99
10/100,683	Continuation-in-part of	09/997,131	11/30/01
09/997,131	Continuation of	09/628,508	07/28/00
09/628,508	Continuation-in-part of	PCT/US00/03062	02/08/00
10/100,683	Continuation-in-part of	PCT/US00/03062	02/08/00
PCT/US00/03062	Non-provisional of	60/119,468	02/10/99
10/100,683	Continuation-in-part of	10/050,882	01/18/02
10/050,882	Continuation of	09/661,453	09/13/00
09/661,453	Continuation-in-part of	PCT/US00/06783	03/16/00
10/100,683	Continuation-in-part of	09/661,453	09/13/00
09/661,453	Continuation-in-part of	PCT/US00/06783	03/16/00
10/100,683	Continuation-in-part of	PCT/US00/06783	03/16/00
PCT/US00/06783	Non-provisional of	60/125,055	03/18/99
10/100,683	Continuation-in-part of	10/050,704	01/18/02
10/050,704	Continuation of	09/684,524	10/10/00
09/684,524	Continuation-in-part of	PCT/US00/08979	04/06/00
10/100,683	Continuation-in-part of	09/684,524	10/10/00
09/684,524	Continuation-in-part of	PCT/US00/08979	04/06/00
10/100,683	Continuation-in-part of	PCT/US00/08979	04/06/00
PCT/US00/08979	Non-provisional of	60/128,693	04/09/99
PCT/US00/08979	Non-provisional of	60/130,991	04/26/99
10/100,683	Continuation-in-part of	10/042,141	01/11/02
10/042,141	Continuation of	09/726,643	12/01/00
09/726,643	Continuation-in-part of	PCT/US00/15187	06/02/00
10/100,683	Continuation-in-part of	09/726,643	12/01/00
09/726,643	Continuation-in-part of	PCT/US00/15187	06/02/00
10/100,683	Continuation-in-part of	PCT/US00/15187	06/02/00
PCT/US00/15187	Non-provisional of	60/137,725	06/07/99
10/100,683	Continuation-in-part of	09/756,168	01/09/01
09/756,168	Continuation-in-part of	PCT/US00/19735	07/23/99
10/100,683	Continuation-in-part of	PCT/US00/19735	07/20/00
PCT/US00/19735	Non-provisional of	60/145,220	07/23/99
10/100,683	Continuation-in-part of	PZ042P1C1	02/01/02
PZ042P1C1	Continuation of	09/781,417	02/13/01
09/781,417	Continuation-in-part of	PCT/US00/22325	08/16/00
10/100,683	Continuation-in-part of	09/781,417	02/13/01

09/781,417	Continuation-in-part of	PCT/US00/22325	08/16/00
10/100,683	Continuation-in-part of	PCT/US00/22325	08/16/00
PCT/US00/22325	Non-provisional of	60/149,182	08/17/99
10/100,683	Continuation-in-part of	09/789,561	02/22/01
09/789,561	Continuation-in-part of	PCT/US00/24008	08/31/00
10/100,683	Continuation-in-part of	PCT/US00/24008	08/31/00
PCT/US00/24008	Non-provisional of	60/152,315	09/03/99
PCT/US00/24008	Non-provisional of	60/152,317	09/03/99
10/100,683	Continuation-in-part of	09/800,729	03/08/01
09/800,729	Continuation-in-part of	PCT/US00/26013	09/22/00
10/100,683	Continuation-in-part of	PCT/US00/26013	09/22/00
PCT/US00/26013	Non-provisional of	60/155,709	09/24/99
10/100,683	Continuation-in-part of	09/832,129	04/11/01
09/832,129	Continuation-in-part of	PCT/US00/28664	10/17/00
10/100,683	Continuation-in-part of	PCT/US00/28664	10/17/00
PCT/US00/28664	Non-provisional of	60/163,085	11/02/99
PCT/US00/28664	Non-provisional of	60/172,411	12/17/99
10/100,683	Continuation-in-part of	PCT/US00/29363	10/25/00
PCT/US00/29363	Non-provisional of	60/215,139	06/30/00
PCT/US00/29363	Non-provisional of	60/162,239	10/29/99
10/100,683	Continuation-in-part of	PCT/US00/29360	10/25/00
PCT/US00/29360	Non-provisional of	60/215,138	06/30/00
PCT/US00/29360	Non-provisional of	60/162,211	10/29/99
10/100,683	Continuation-in-part of	PCT/US00/29362	10/25/00
PCT/US00/29362	Non-provisional of	60/215,131	06/30/00
PCT/US00/29362	Non-provisional of	60/162,240	10/29/99
10/100,683	Continuation-in-part of	PCT/US00/29365	10/25/00
PCT/US00/29365	Non-provisional of	60/219,666	07/21/00
PCT/US00/29365	Non-provisional of	60/162,237	10/29/99
10/100,683	Continuation-in-part of	PCT/US00/29364	10/25/00
PCT/US00/29364	Non-provisional of	60/215,134	06/30/00
PCT/US00/29364	Non-provisional of	60/162,238	10/29/99
10/100,683	Continuation-in-part of	PCT/US00/30040	11/01/00
PCT/US00/30040	Non-provisional of	60/215,130	06/30/00
PCT/US00/30040	Non-provisional of	60/163,580	11/05/99
10/100,683	Continuation-in-part of	PCT/US00/30037	11/01/00
PCT/US00/30037	Non-provisional of	60/215,137	06/30/00
PCT/US00/30037	Non-provisional of	60/163,577	11/05/99
10/100,683	Continuation-in-part of	PCT/US00/30045	11/01/00
PCT/US00/30045	Non-provisional of	60/215,133	06/30/00
PCT/US00/30045	Non-provisional of	60/163,581	11/05/99
10/100,683	Continuation-in-part of	PCT/US00/30036	11/01/00
PCT/US00/30036	Non-provisional of	60/221,366	07/27/00
PCT/US00/30036	Non-provisional of	60/163,576	11/05/99
10/100,683	Continuation-in-part of	PCT/US00/30039	11/01/00
PCT/US00/30039	Non-provisional of	60/221,367	07/27/00
PCT/US00/30039	Non-provisional of	60/195,296	04/07/00
PCT/US00/30039	Non-provisional of	60/164,344	11/09/99

10/100,683	Continuation-in-part of	PCT/US00/30654	11/08/00
PCT/US00/30654	Non-provisional of	60/221,142	07/27/00
PCT/US00/30654	Non-provisional of	60/164,835	11/12/99
10/100,683	Continuation-in-part of	PCT/US00/30628	11/08/00
PCT/US00/30628	Non-provisional of	60/215,140	06/30/00
PCT/US00/30628	Non-provisional of	60/164,744	11/12/99
10/100,683	Continuation-in-part of	PCT/US00/30653	11/08/00
PCT/US00/30653	Non-provisional of	60/221,193	07/27/00
PCT/US00/30653	Non-provisional of	60/164,735	11/12/99
10/100,683	Continuation-in-part of	PCT/US00/30629	11/08/00
PCT/US00/30629	Non-provisional of	60/222,904	08/03/00
PCT/US00/30629	Non-provisional of	60/164,825	11/12/99
10/100,683	Continuation-in-part of	PCT/US00/30679	11/08/00
PCT/US00/30679	Non-provisional of	60/224,007	08/04/00
PCT/US00/30679	Non-provisional of	60/164,834	11/12/99
10/100,683	Continuation-in-part of	PCT/US00/30674	11/08/00
PCT/US00/30674	Non-provisional of	60/215,128	06/30/00
PCT/US00/30674	Non-provisional of	60/164,750	11/12/99
10/100,683	Continuation-in-part of	PCT/US00/31162	11/15/00
60/215,136	Non-provisional of	60/215,136	06/30/00
60/215,136	Non-provisional of	60/166,415	11/19/99
10/100,683	Continuation-in-part of	PCT/US00/31282	11/15/00
PCT/US00/31282	Non-provisional of	60/219,665	07/21/00
PCT/US00/31282	Non-provisional of	60/166,414	11/19/99
10/100,683	Continuation-in-part of	PCT/US00/30657	11/08/00
PCT/US00/30657	Non-provisional of	60/215,132	06/30/00
PCT/US00/30657	Non-provisional of	60/164,731	11/12/99
10/100,683	Continuation-in-part of	PCT/US01/01396	01/17/01
60/256,968	Non-provisional of	60/256,968	12/21/00
60/256,968	Non-provisional of	60/226,280	08/18/00
10/100,683	Continuation-in-part of	PCT/US01/01387	01/17/01
60/259,803	Non-provisional of	60/259,803	01/05/01
60/259,803	Non-provisional of	60/226,380	08/18/00
10/100,683	Continuation-in-part of	PCT/US01/01567	01/17/01
PCT/US01/01567	Non-provisional of	60/228,084	08/28/00
10/100,683	Continuation-in-part of	PCT/US01/01431	01/17/01
PCT/US01/01431	Non-provisional of	60/231,968	09/12/00
PCT/US01/01431	Continuation-in-part of	09/915,582	07/27/01
10/100,683	Continuation-in-part of	PCT/US01/01432	01/17/01
PCT/US01/01432	Non-provisional of	60/236,326	09/29/00
10/100,683	Continuation-in-part of	PCT/US01/00544	01/09/01
PCT/US01/00544	Non-provisional of	60/234,211	09/20/00
10/100,683	Continuation-in-part of	PCT/US01/01435	01/17/01
PCT/US01/01435	Non-provisional of	60/226,282	08/18/00
10/100,683	Continuation-in-part of	PCT/US01/01386	01/17/01
PCT/US01/01386	Non-provisional of	60/232,104	09/12/00
10/100,683	Continuation-in-part of	PCT/US01/01565	01/17/01
PCT/US01/01565	Non-provisional of	60/234,210	09/20/00

10/100,683	Continuation-in-part of	PCT/US01/01394	01/17/01
PCT/US01/01394	Non-provisional of	60/259,805	01/05/01
PCT/US01/01394	Non-provisional of	60/226,278	08/18/00
10/100,683	Continuation-in-part of	PCT/US01/01434	01/17/01
PCT/US01/01434	Non-provisional of	60/259,678	01/05/01
PCT/US01/01434	Non-provisional of	60/226,279	08/18/00
10/100,683	Continuation-in-part of	PCT/US01/01397	01/17/01
PCT/US01/01397	Non-provisional of	60/226,281	08/18/00
10/100,683	Continuation-in-part of	PCT/US01/01385	01/17/01
PCT/US01/01385	Non-provisional of	60/231,969	09/12/00
10/100,683	Continuation-in-part of	PCT/US01/01384	01/17/01
PCT/US01/01384	Non-provisional of	60/259,516	01/04/01
PCT/US01/01384	Non-provisional of	60/228,086	08/28/00
10/100,683	Continuation-in-part of	PCT/US01/01383	01/17/01
PCT/US01/01383	Non-provisional of	60/259,804	01/05/01
PCT/US01/01383	Non-provisional of	60/228,083	08/28/00
10/100,683	Continuation-in-part of	PCT/US02/05064	02/21/02
PCT/US02/05064	Non-provisional of	60/304,444	07/12/01
PCT/US02/05064	Non-provisional of	60/270,658	02/23/01
10/100,683	Continuation-in-part of	PCT/US02/05301	02/21/02
PCT/US02/05301	Non-provisional of	60/304,417	07/12/01
PCT/US02/05301	Non-provisional of	60/270,625	02/23/01
10/100,683	Non-provisional of	60/304,121	07/11/01
10/100,683	Non-provisional of	60/295,869	06/06/01
10/100,683	Non-provisional of	60/325,209	09/28/01
10/100,683	Non-provisional of	60/311,085	08/10/01
10/100,683	Non-provisional of	60/330,629	10/26/01
10/100,683	Non-provisional of	60/331,046	11/07/01
10/100,683	Non-provisional of	60/358,554	02/22/02
10/100,683	Non-provisional of	60/358,714	02/25/02

; wherein each of the above applications are all herein incorporated by reference in their entirety.

Field of the Invention

The present invention relates to human secreted proteins/polypeptides, and isolated nucleic acid molecules encoding said proteins/polypeptides, useful for detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative disorders. Antibodies that bind these polypeptides are also encompassed by the present invention. Also encompassed by the invention are vectors, host cells, and recombinant and synthetic methods for producing said polynucleotides, polypeptides, and/or antibodies. The invention further encompasses screening methods for identifying agonists and antagonists of polynucleotides and polypeptides of the invention. The present invention further encompasses methods and

compositions for inhibiting or enhancing the production and function of the polypeptides of the present invention.

Background of the Invention

Cancer and other hyperproliferative disorders are a diverse group of disorders and diseases sharing one characteristic in common; all result from uncontrolled cell proliferation. The human body is composed of many different cell types, e.g. liver cells, muscle cells, brain cells, etc. Normally, these cells grow and divide to produce more cells only as the body needs them (e.g. to regenerate blood cells or replace epithelial cells lining the stomach). Sometimes, however, cells begin to divide unchecked even though new cells are not needed. These extra cells accumulate and form a mass of tissue, called a tumor. Although each of the over 200 cell types in the body can potentially become cancerous, some cell types become cancerous at relatively high rates while many other cell types rarely become cancerous.

Tumors are either benign or malignant. Benign tumors are not cancerous; they can usually be removed, they do not spread to other parts of the body and, they rarely threaten life. Malignant tumors, however, are cancerous. Cells in malignant tumors can invade and damage nearby or distant tissues and organs. The spread of cancerous cells is called metastasis. Malignant (or metastatic) cells can invade adjacent organs by proliferating directly from the primary tumor. Additionally, malignant cells can also metastasize to distant organs by breaking away from the primary tumor, entering the bloodstream or lymphatic system, and settling down in a new organ or tissue to produce a secondary tumor. The origin of secondary tumors is established by comparing cells comprising these tumors to cells in the original (primary) tumor.

In contrast to solid organ cancers (such as cancer in the liver, lung, and brain) cancer can also develop in blood-forming cells. These cancers are referred to as leukemias or lymphomas. Leukemia refers to cancer of blood forming cells such as red blood cells, platelets, and plasma cells. Lymphomas are a subset of leukemias, primarily involving white blood cells, in which the cancerous cells originated in, or are associated with, the lymph system and lymph organs (e.g. T-lymphocytes in the lymph nodes, spleen, or thymus).

In 1999 over 1.1 million people were newly diagnosed with 23 different types of cancer. The vast majority of these cases (~75%) involved cancers of the prostate, breast, lung, colon, or urinary tract, or non-Hodgkin's lymphoma. Among the most fatal cancers are pancreatic, liver, esophageal, lung, stomach, and brain cancers, having up to 96% mortality rates depending on the specific cancer. In all, some 23 different types of cancer are expected to kill over 86,000 people each year.

Most cancers are treated with one or a combination therapies consisting of surgery, radiation therapy, chemotherapy, hormone therapy, and/or biological therapy. These five therapeutic modes are either local or systemic treatment strategies. Local treatments affect cancer

cells in the tumor and imediately adjacent areas (for example, surgical tumor removal is a local treatment as are most radiation treatments). In contrast, systemic treatments travel through the bloodstream, and reach cancer and other cells all over the body. Chemotherapy, hormone therapy, and biological therapy are examples of systemic treatments.

Whether systemic or local, it is often difficult or impossible to protect healthy cells from the harmful effects of cancer treatment; healthy cells and tissues are inevitably damaged in the process of treating the cancerous cells. Damage and disruption of the normal functioning of healthy cells and tissues often produces the undesirable side effects experienced by patients undergoing cancer treatment.

Recombinant polypeptides and polynucleotides derived from naturally occurring molecules, as well as antibodies specifically targeted to these molecules, used alone or in conjunction with other existing therapies, hold great promise as improved therapeutic agents for the treatment of neoplastic disorders. Currently, most biological therapy can be classified as immunotherapy because these treatments often use naturally occurring molecules to assist the body's immune system in fighting the disease or in protecting the body from side effects of other cancer treatment(s). Among the most commonly used compounds in biological therapies are proteins called cytokines (e.g. interferons, interleukins, and colony stimulating factors) and monoclonal antibodies (targeted to particular cancer cells). Side effects caused by these commonly used biological therapies range from flu-like symptoms (chills, fever, muscle aches, weakness, loss of appetite, nausea, vomiting, and diarrhea) to rashes, swelling, easy bruising, or bleeding.

The discovery of human secreted proteins associated with initiation, progression, characterization, and/or distinction of neoplastic diseases (including antibodies that immunospecifically bind these polypeptides), satisfies a need in the art by providing new compositions useful in the detection, prevention, diagnosis, treatment, prevention, prognosis, and treatment of hyperproliferative disorders.

Summary of the Invention

The present invention encompasses human secreted proteins/polypeptides, and isolated nucleic acid molecules encoding said proteins/polypeptides, useful for detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative disorders. Antibodies that bind these polypeptides are also encompassed by the present invention; as are vectors, host cells, and recombinant and synthetic methods for producing said polynucleotides, polypeptides, and/or antibodies. The invention further encompasses screening methods for identifying agonists and antagonists of polynucleotides and polypeptides of the invention. The present invention also encompasses methods and compositions for inhibiting or enhancing the production and function of the polypeptides of the present invention.

Detailed Description

Polynucleotides and Polypeptides of the Invention

Description of Table 1A

Table 1A summarizes information concerning certain polypnucleotides and polypeptides of the invention. The first column provides the gene number in the application for each clone identifier. The second column provides a unique clone identifier, "Clone ID:", for a cDNA clone related to each contig sequence disclosed in Table 1A. Third column, the cDNA Clones identified in the second column were deposited as indicated in the third column (i.e. by ~~ATCC~~ATCC™ Deposit No:Z and deposit date). Some of the deposits contain multiple different clones corresponding to the same gene. In the fourth column, "Vector" refers to the type of vector contained in the corresponding cDNA Clone identified in the second column. In the fifth column, the nucleotide sequence identified as "NT SEQ ID NO:X" was assembled from partially homologous ("overlapping") sequences obtained from the corresponding cDNA clone identified in the second column and, in some cases, from additional related cDNA clones. The overlapping sequences were assembled into a single contiguous sequence of high redundancy (usually three to five overlapping sequences at each nucleotide position), resulting in a final sequence identified as SEQ ID NO:X. In the sixth column, "Total NT Seq." refers to the total number of nucleotides in the contig sequence identified as SEQ ID NO:X." The deposited clone may contain all or most of these sequences, reflected by the nucleotide position indicated as "5' NT of Clone Seq." (seventh column) and the "3' NT of Clone Seq." (eighth column) of SEQ ID NO:X. In the ninth column, the nucleotide position of SEQ ID NO:X of the putative start codon (methionine) is identified as "5' NT of Start Codon." Similarly , in column ten, the nucleotide position of SEQ ID NO:X of the predicted signal sequence is identified as "5' NT of First AA of Signal Pep." In the eleventh column, the translated amino acid sequence, beginning with the methionine, is identified as "AA SEQ ID NO:Y," although other reading frames can also be routinely translated using known molecular biology techniques. The polypeptides produced by these alternative open reading frames are specifically contemplated by the present invention.

In the twelfth and thirteenth columns of Table 1A, the first and last amino acid position of SEQ ID NO:Y of the predicted signal peptide is identified as "First AA of Sig Pep" and "Last AA of Sig Pep." In the fourteenth column, the predicted first amino acid position of SEQ ID NO:Y of the secreted portion is identified as "Predicted First AA of Secreted Portion". The amino acid position of SEQ ID NO:Y of the last amino acid encoded by the open reading frame is identified in the fifteenth column as "Last AA of ORF".

SEQ ID NO:X (where X may be any of the polynucleotide sequences disclosed in the sequence listing) and the translated SEQ ID NO:Y (where Y may be any of the polypeptide sequences disclosed in the sequence listing) are sufficiently accurate and otherwise suitable for a variety of uses well known in the art and described further below. For instance, SEQ ID NO:X is useful for designing nucleic acid hybridization probes that will detect nucleic acid sequences contained in SEQ ID NO:X or the cDNA contained in the deposited clone. These probes will also hybridize to nucleic acid molecules in biological samples, thereby enabling a variety of forensic and diagnostic methods of the invention. Similarly, polypeptides identified from SEQ ID NO:Y may be used, for example, to generate antibodies which bind specifically to proteins containing the polypeptides and the secreted proteins encoded by the cDNA clones identified in Table 1A and/or elsewhere herein

Nevertheless, DNA sequences generated by sequencing reactions can contain sequencing errors. The errors exist as misidentified nucleotides, or as insertions or deletions of nucleotides in the generated DNA sequence. The erroneously inserted or deleted nucleotides cause frame shifts in the reading frames of the predicted amino acid sequence. In these cases, the predicted amino acid sequence diverges from the actual amino acid sequence, even though the generated DNA sequence may be greater than 99.9% identical to the actual DNA sequence (for example, one base insertion or deletion in an open reading frame of over 1000 bases).

Accordingly, for those applications requiring precision in the nucleotide sequence or the amino acid sequence, the present invention provides not only the generated nucleotide sequence identified as SEQ ID NO:X, and the predicted translated amino acid sequence identified as SEQ ID NO:Y, but also a sample of plasmid DNA containing a human cDNA of the invention deposited with the ~~ATCC~~ATCC™, as set forth in Table 1A. The nucleotide sequence of each deposited plasmid can readily be determined by sequencing the deposited plasmid in accordance with known methods

The predicted amino acid sequence can then be verified from such deposits. Moreover, the amino acid sequence of the protein encoded by a particular plasmid can also be directly determined by peptide sequencing or by expressing the protein in a suitable host cell containing the deposited human cDNA, collecting the protein, and determining its sequence.

Also provided in Table 1A is the name of the vector which contains the cDNA plasmid. Each vector is routinely used in the art. The following additional information is provided for convenience.

Vectors Lambda Zap (U.S. Patent Nos. 5,128,256 and 5,286,636), Uni-Zap XR (U.S. Patent Nos. 5,128, 256 and 5,286,636), Zap Express (U.S. Patent Nos. 5,128,256 and 5,286,636), ~~pBluescript~~pBLUESCRIPT™ (pBS) (Short, J. M. et al., *Nucleic Acids Res. 16:*7583-7600 (1988); Alting-Mees, M. A. and Short, J. M., *Nucleic Acids Res. 17:*9494 (1989)) and pBK (Alting-Mees, M. A. et al., *Strategies 5:*58-61 (1992)) are commercially available from

~~Stratagene~~STRATAGENE™ Cloning Systems, Inc., 11011 N. Torrey Pines Road, La Jolla, CA, 92037. pBS contains an ampicillin resistance gene and pBK contains a neomycin resistance gene. Phagemid pBS may be excised from the Lambda Zap and Uni-Zap XR vectors, and phagemid pBK may be excised from the Zap Express vector. Both phagemids may be transformed into *E. coli* strain XL-1 Blue, also available from ~~Stratagene~~STRATAGENE™

Vectors pSport1, pCMVSport 1.0, pCMVSport 2.0 and pCMVSport 3.0, were obtained from ~~Life Technologies~~LIFE TECHNOLOGIES™, Inc., P. O. Box 6009, Gaithersburg, MD 20897. All Sport vectors contain an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, also available from ~~Life Technologies~~LIFE TECHNOLOGIES™. See, for instance, Gruber, C. E., et al., *Focus 15:*59 (1993). Vector lafmid BA (Bento Soares, Columbia University, New York, NY) contains an ampicillin resistance gene and can be transformed into *E. coli* strain XL-1 Blue. Vector pCR®2.1, which is available from Invitrogen, 1600 Faraday Avenue, Carlsbad, CA 92008, contains an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, available from ~~Life Technologies~~LIFE TECHNOLOGIES™. See, for instance, Clark, J. M., *Nuc. Acids Res. 16:*9677-9686 (1988) and Mead, D. *et al., Bio/Technology 9:* (1991).

The present invention also relates to the genes corresponding to SEQ ID NO:X, SEQ ID NO:Y, and/or a deposited cDNA (cDNA Clone ID). The corresponding gene can be isolated in accordance with known methods using the sequence information disclosed herein. Such methods include, but are not limited to, preparing probes or primers from the disclosed sequence and identifying or amplifying the corresponding gene from appropriate sources of genomic material.

Also provided in the present invention are allelic variants, orthologs, and/or species homologs. Procedures known in the art can be used to obtain full-length genes, allelic variants, splice variants, full-length coding portions, orthologs, and/or species homologs of genes corresponding to SEQ ID NO:X and SEQ ID NO:Y using information from the sequences disclosed herein or the clones deposited with the ~~ATCC~~ATCC™. For example, allelic variants and/or species homologs may be isolated and identified by making suitable probes or primers from the sequences provided herein and screening a suitable nucleic acid source for allelic variants and/or the desired homologue.

The present invention provides a polynucleotide comprising, or alternatively consisting of, the nucleic acid sequence of SEQ ID NO:X and/or a cDNA contained in ~~ATCC~~ATCC™ Deposit No.Z. The present invention also provides a polypeptide comprising, or alternatively, consisting of, the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X, and/or a polypeptide encoded by a cDNA contained in ~~ATCC~~ATCC™ deposit No.Z. Polynucleotides encoding a polypeptide comprising, or alternatively consisting of the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X and/or a polypeptide encoded by the cDNA contained in ~~ATCC~~ATCC™ Deposit No.Z, are also encompassed by the invention. The present invention further encompasses a polynucleotide comprising, or alternatively consisting of the

complement of the nucleic acid sequence of SEQ ID NO:X, and/or the complement of the coding strand of the cDNA contained in ~~ATCC~~ATCC™ Deposit No.Z.

Description of Table 1B (Comprised of Tables 1B.1 and 1B.2)

Table 1B.1 and Table 1B.2 summarize some of the polynucleotides encompassed by the invention (including cDNA clones related to the sequences (Clone ID:), contig sequences (contig identifier (Contig ID:) and contig nucleotide sequence identifiers (SEQ ID NO:X)) and further summarizes certain characteristics of these polynucleotides and the polypeptides encoded thereby. The first column of Tables 1B.1 and 1B.2 provide the gene numbers in the application for each clone identifier. The second column of Tables 1B.1 and 1B.2 provide unique clone identifiers, "Clone ID:", for cDNA clones related to each contig sequence disclosed in Table 1A and/or Table 1B. The third column of Tables 1B.1 and 1B.2 provide unique contig identifiers, "Contig ID:" for each of the contig sequences disclosed in these tables. The fourth column of Tables 1B.1 and 1B.2 provide the sequence identifiers, "SEQ ID NO:X", for each of the contig sequences disclosed in Table 1A and/or 1B.

Table 1B.1

The fifth column of Table 1B.1, "ORF (From-To)", provides the location (i.e., nucleotide position numbers) within the polynucleotide sequence of SEQ ID NO:X that delineates the preferred open reading frame (ORF) that encodes the amino acid sequence shown in the sequence listing and referenced in Table 1B.1 as SEQ ID NO:Y (column 6). Column 7 of Table 1B.1 lists residues comprising predicted epitopes contained in the polypeptides encoded by each of the preferred ORFs (SEQ ID NO:Y). Identification of potential immunogenic regions was performed according to the method of Jameson and Wolf (CABIOS, 4; 181-186 (1988)); specifically, the Genetics Computer Group (GCG) implementation of this algorithm, embodied in the program PEPTIDESTRUCTURE (Wisconsin Package v10.0, Genetics Computer Group (GCG), Madison, Wisc.). This method returns a measure of the probability that a given residue is found on the surface of the protein. Regions where the antigenic index score is greater than 0.9 over at least 6 amino acids are indicated in Table 1B.1 as "Predicted Epitopes". In particular embodiments, polypeptides of the invention comprise, or alternatively consist of, one, two, three, four, five or more of the predicted epitopes described in Table 1B.1. It will be appreciated that depending on the analytical criteria used to predict antigenic determinants, the exact address of the determinant may vary slightly. Column 8 of Table 1B.1 ("Tissue Distribution") is described below in Table 1B.2 Column 5. Column 9 of Table 1B.1 ("Cytologic Band") provides the chromosomal location of polynucleotides corresponding to SEQ ID NO:X. Chromosomal location was determined by finding exact matches to EST and cDNA sequences contained in the NCBI (National Center for Biotechnology Information) UniGene database. Given a presumptive

chromosomal location, disease locus association was determined by comparison with the Morbid Map, derived from Online Mendelian Inheritance in Man (Online Mendelian Inheritance in Man, OMIM™. McKusick-Nathans Institute for Genetic Medicine, Johns Hopkins University (Baltimore, MD) and National Center for Biotechnology Information, National Library of Medicine (Bethesda, MD) 2000. World Wide Web URL: ~~http://~~www.ncbi.nlm.nih.gov/omim/). If the putative chromosomal location of the Query overlaps with the chromosomal location of a Morbid Map entry, an OMIM identification number is disclosed in Table 1B.1, column 9 labeled "OMIM Disease Reference(s)". A key to the OMIM reference identification numbers is provided in Table 5.

Table 1B.2

Column 5 of Table 1B.2, "Tissue Distribution" shows the expression profile of tissue, cells, and/or cell line libraries which express the polynucleotides of the invention. The first code number shown in Table 1B.2 column 5 (preceding the colon), represents the tissue/cell source identifier code corresponding to the key provided in Table 4. Expression of these polynucleotides was not observed in the other tissues and/or cell libraries tested. The second number in column 5 (following the colon), represents the number of times a sequence corresponding to the reference polynucleotide sequence (e.g., SEQ ID NO:X) was identified in the corresponding tissue/cell source. Those tissue/cell source identifier codes in which the first two letters are "AR" designate information generated using DNA array technology. Utilizing this technology, cDNAs were amplified by PCR and then transferred, in duplicate, onto the array. Gene expression was assayed through hybridization of first strand cDNA probes to the DNA array. cDNA probes were generated from total RNA extracted from a variety of different tissues and cell lines. Probe synthesis was performed in the presence of ^{33}P dCTP, using oligo(dT) to prime reverse transcription. After hybridization, high stringency washing conditions were employed to remove non-specific hybrids from the array. The remaining signal, emanating from each gene target, was measured using a Phosphorimager. Gene expression was reported as Phosphor Stimulating Luminescence (PSL) which reflects the level of phosphor signal generated from the probe hybridized to each of the gene targets represented on the array. A local background signal subtraction was performed before the total signal generated from each array was used to normalize gene expression between the different hybridizations. The value presented after "[array code]:" represents the mean of the duplicate values, following background subtraction and probe normalization. One of skill in the art could routinely use this information to identify normal and/or diseased tissue(s) which show a predominant expression pattern of the corresponding polynucleotide of the invention or to identify polynucleotides which show predominant and/or specific tissue and/or cell expression.

Description of Table 1C

Table 1C summarizes additional polynucleotides encompassed by the invention (including cDNA clones related to the sequences (Clone ID:), contig sequences (contig identifier (Contig ID:) contig nucleotide sequence identifiers (SEQ ID NO:X)), and genomic sequences (SEQ ID NO:B). The first column provides a unique clone identifier, "Clone ID:", for a cDNA clone related to each contig sequence. The second column provides the sequence identifier, "SEQ ID NO:X", for each contig sequence. The third column provides a unique contig identifier, "Contig ID:" for each contig sequence. The fourth column, provides a BAC identifier "BAC ID NO:A" for the BAC clone referenced in the corresponding row of the table. The fifth column provides the nucleotide sequence identifier, "SEQ ID NO:B" for a fragment of the BAC clone identified in column four of the corresponding row of the table. The sixth column, "Exon From-To", provides the location (i.e., nucleotide position numbers) within the polynucleotide sequence of SEQ ID NO:B which delineate certain polynucleotides of the invention that are also exemplary members of polynucleotide sequences that encode polypeptides of the invention (e.g., polypeptides containing amino acid sequences encoded by the polynucleotide sequences delineated in column six, and fragments and variants thereof).

Description of Table 1D

Table 1D: In preferred embodiments, the present invention encompasses a method of detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative disorders; comprising administering to a patient in which such treatment, prevention, or amelioration is desired a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof) represented by Table 1A, Table 1B, and Table 1C, in an amount effective to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate the disease or disorder.

As indicated in Table 1D, the polynucleotides, polypeptides, agonists, or antagonists of the present invention (including antibodies) can be used in assays to test for one or more biological activities. If these polynucleotides and polypeptides do exhibit activity in a particular assay, it is likely that these molecules may be involved in the diseases associated with the biological activity. Thus, the polynucleotides or polypeptides, or agonists or antagonists thereof (including antibodies) could be used to treat the associated disease.

Table 1D provides information related to biological activities for polynucleotides and polypeptides of the invention (including antibodies, agonists, and/or antagonists thereof). Table 1D also provides information related to assays which may be used to test polynucleotides and polypeptides of the invention (including antibodies, agonists, and/or antagonists thereof) for the corresponding biological activities. The first column ("Gene No.") provides the gene number in the application for each clone identifier. The second column ("cDNA Clone ID:") provides the

unique clone identifier for each clone as previously described and indicated in Tables 1A, 1B, and 1C. The third column ("AA SEQ ID NO:Y") indicates the Sequence Listing SEQ ID Number for polypeptide sequences encoded by the corresponding cDNA clones (also as indicated in Tables 1A, 1B, and 2). The fourth column ("Biological Activity") indicates a biological activity corresponding to the indicated polypeptides (or polynucleotides encoding said polypeptides). The fifth column ("Exemplary Activity Assay") further describes the corresponding biological activity and provides information pertaining to the various types of assays which may be performed to test, demonstrate, or quantify the corresponding biological activity. Table 1D describes the use of FMAT technology, *inter alia*, for testing or demonstrating various biological activities. Fluorometric microvolume assay technology (FMAT) is a fluorescence-based system which provides a means to perform nonradioactive cell- and bead-based assays to detect activation of cell signal transduction pathways. This technology was designed specifically for ligand binding and immunological assays. Using this technology, fluorescent cells or beads at the bottom of the well are detected as localized areas of concentrated fluorescence using a data processing system. Unbound flurophore comprising the background signal is ignored, allowing for a wide variety of homogeneous assays. FMAT technology may be used for peptide ligand binding assays, immunofluorescence, apoptosis, cytotoxicity, and bead-based immunocapture assays. *See*, Miraglia S et. al., "Homogeneous cell and bead based assays for highthroughput screening using flourometric microvolume assay technology," Journal of Biomolecular Screening; 4:193-204 (1999). In particular, FMAT technology may be used to test, confirm, and/or identify the ability of polypeptides (including polypeptide fragments and variants) to activate signal transduction pathways. For example, FMAT technology may be used to test, confirm, and/or identify the ability of polypeptides to upregulate production of immunomodulatory proteins (such as, for example, interleukins, GM-CSF, Rantes, and Tumor Necrosis factors, as well as other cellular regulators (e.g. insulin)).

Table 1D also describes the use of kinase assays for testing, demonstrating, or quantifying biological activity. In this regard, the phosphorylation and de-phosphorylation of specific amino acid residues (e.g. Tyrosine, Serine, Threonine) on cell-signal transduction proteins provides a fast, reversible means for activation and de-activation of cellular signal transduction pathways. Moreover, cell signal transduction via phosphorylation/de-phosphorylation is crucial to the regulation of a wide variety of cellular processes (e.g. proliferation, differentiation, migration, apoptosis, etc.). Accordingly, kinase assays provide a powerful tool useful for testing, confirming, and/or identifying polypeptides (including polypeptide fragments and variants) that mediate cell signal transduction events via protein phosphorylation. See e.g., Forrer, P., Tamaskovic R., and Jaussi, R. "Enzyme-Linked Immunosorbent Assay for Measurement of JNK, ERK, and p38 Kinase Activities" Biol. Chem. 379(8-9): 1101-1110 (1998).

Description of Table 1E

Polynucleotides encoding polypeptides of the present invention can be used in assays to test for one or more biological activities. One such biological activity which may be tested includes the ability of polynucleotides and polypeptides of the invention to stimulate up-regulation or down-regulation of expression of particular genes and proteins. Hence, if polynucleotides and polypeptides of the present invention exhibit activity in altering particular gene and protein expression patterns, it is likely that these polynucleotides and polypeptides of the present invention may be involved in, or capable of effecting changes in, diseases associated with the altered gene and protein expression profiles. Hence, polynucleotides, polypeptides, or antibodies of the present invention could be used to treat said associated diseases.

TaqMan® assays may be performed to assess the ability of polynucleotides (and polypeptides they encode) to alter the expression pattern of particular "target" genes. TaqMan® reactions are performed to evaluate the ability of a test agent to induce or repress expression of specific genes in different cell types. TaqMan® gene expression quantification assays ("TaqMan® assays") are well known to, and routinely performed by, those of ordinary skill in the art. TaqMan® assays are performed in a two step reverse transcription / polymerase chain reaction (RT-PCR). In the first (RT) step, cDNA is reverse transcribed from total RNA samples using random hexamer primers. In the second (PCR) step, PCR products are synthesized from the cDNA using gene specific primers.

To quantify gene expression the Taqman® PCR reaction exploits the 5' nuclease activity of AmpliTaq Gold® DNA Polymerase to cleave a Taqman® probe (distinct from the primers) during PCR. The Taqman® probe contains a reporter dye at the 5'-end of the probe and a quencher dye at the 3' end of the probe. When the probe is intact, the proximity of the reporter dye to the quencher dye results in suppression of the reporter fluorescence. During PCR, if the target of interest is present, the probe specifically anneals between the forward and reverse primer sites. AmpliTaq Fold DNA Polymerase then cleaves the probe between the reporter and quencher when the probe hybridizes to the target, resulting in increased fluorescence of the reporter (see Figure 2). Accumulation of PCR products is detected directly by monitoring the increase in fluorescence of the reporter dye.

After the probe fragments are displaced from the target, polymerization of the strand continues. The 3'-end of the probe is blocked to prevent extension of the probe during PCR. This process occurs in every cycle and does not interfere with the exponential accumulation of product. The increase in fluorescence signal is detected only if the target sequence is complementary to the probe and is amplified during PCR. Because of these requirements, any nonspecific amplification is not detected.

For test sample preparation, vector controls or constructs containing the coding sequence for the gene of interest are transfected into cells, such as for example 293T cells, and supernatants collected after 48 hours. For cell treatment and RNA isolation, multiple primary human cells or human cell lines are used; such cells may include but are not limited to, Normal Human Dermal Fibroblasts, Aortic Smooth Muscle, Human Umbilical Vein Endothelial Cells, HepG2, Daudi, Jurkat, U937, Caco, and THP-1 cell lines. Cells are plated in growth media and growth is arrested by culturing without media change for 3 days, or by switching cells to low serum media and incubating overnight. Cells are treated for 1, 6, or 24 hours with either vector control supernatant or sample supernatant (or purified/partially purified protein preparations in buffer). Total RNA is isolated; for example, by using ~~Trizol~~TRIZOL™ extraction or by using the Ambion RNAqueous(TM)-4PCR RNA isolation system. Expression levels of multiple genes are analyzed using TAQMAN, and expression in the test sample is compared to control vector samples to identify genes induced or repressed. Each of the above described techniques are well known to, and routinely performed by, those of ordinary skill in the art.

Table 1E indicates particular disease classes and preferred indications for which polynucleotides, polypeptides, or antibodies of the present invention may be used in detecting, diagnosing, preventing, treating and/or ameliorating said diseases and disorders based on "target" gene expression patterns which may be up- or down-regulated by polynucleotides (and the encoded polypeptides) corresponding to each indicated cDNA Clone ID (shown in Table 1E, Column 2).

Thus, in preferred embodiments, the present invention encompasses a method of detecting, diagnosing, preventing, treating, and/or ameliorating a disease or disorder listed in the "Disease Class" and/or "Preferred Indication" columns of Table 1E; comprising administering to a patient in which such detection, diagnosis, prevention, or treatment is desired a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof) in an amount effective to detect, diagnose, prevent, treat, or ameliorate the disease or disorder. The first and second columns of Table 1D show the "Gene No." and "cDNA Clone ID No.", respectively, indicating certain nucleic acids and proteins (or antibodies against the same) of the invention (including polynucleotide, polypeptide, and antibody fragments or variants thereof) that may be used in detecting, diagnosing, preventing, treating, or ameliorating the disease(s) or disorder(s) indicated in column 6 and as indicated in the corresponding row in the "Disease Class" or "Preferred Indication" Columns of Table 1E.

In another embodiment, the present invention also encompasses methods of detecting, diagnosing, preventing, treating, or ameliorating a disease or disorder listed in the "Disease Class" or "Preferred Indication" Columns of Table 1E; comprising administering to a patient <u>combinations</u> of the proteins, nucleic acids, or antibodies of the invention (or fragments or variants

thereof), sharing similar indications as shown in the corresponding rows in the "Disease Class" or "Preferred Indication" Columns of Table 1E.

The "Disease Class" Column of Table 1E provides a categorized descriptive heading for diseases, disorders, and/or conditions (more fully described below) that may be detected, diagnosed, prevented, treated, or ameliorated by a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof).

The "Preferred Indication" Column of Table 1E describes diseases, disorders, and/or conditions that may be detected, diagnosed, prevented, treated, or ameliorated by a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof).

The "Cell Line" and "Exemplary Targets" Columns of Table 1E indicate particular cell lines and target genes, respectively, which may show altered gene expression patterns (i.e., up- or down-regulation of the indicated target gene) in Taqman assays, performed as described above, utilizing polynucleotides of the cDNA Clone ID shown in the corresponding row. Alteration of expression patterns of the indicated "Exemplary Target" genes is correlated with a particular "Disease Class" and/or "Preferred Indication" as shown in the corresponding row under the respective column headings.

The "Exemplary Accessions" Column indicates GenBank Accessions (available online through the National Center for Biotechnology Information (NCBI) at ~~http://~~www.ncbi.nlm.nih.gov/) which correspond to the "Exemplary Targets" shown in the adjacent row.

The recitation of “Cancer” in the "Disease Class" Column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof) may be used for example, to detect, diagnose, prevent, treat, and/or ameliorate neoplastic diseases and/or disorders (e.g., leukemias, cancers, etc., as described below under “Hyperproliferative Disorders”).

The recitation of “Immune” in the “Disease Class” column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, prevent, treat, and/or ameliorate diseases and/or disorders relating to neoplastic diseases (e.g., as described below under “Hyperproliferative Disorders”), blood disorders (e.g., as described below under “Immune Activity” “Cardiovascular Disorders” and/or “Blood-Related Disorders”), and infections (e.g., as described below under “Infectious Disease”).

The recitation of “Angiogenesis” in the “Disease Class” column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, treat, prevent, and/or ameliorate diseases and/or disorders relating to neoplastic diseases (e.g., as described below under “Hyperproliferative Disorders”), diseases and/or disorders of the cardiovascular system (e.g., as

described below under “Cardiovascular Disorders”), diseases and/or disorders involving cellular and genetic abnormalities (e.g., as described below under “Diseases at the Cellular Level"), diseases and/or disorders involving angiogenesis (e.g., as described below under “Anti-Angiogenesis Activity"), to promote or inhibit cell or tissue regeneration (e.g., as described below under “Regeneration"), or to promote wound healing (e.g., as described below under “Wound Healing and Epithelial Cell Proliferation”).

The recitation of "Diabetes" in the "Disease Class" column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, treat, prevent, and/or ameliorate diabetes (including diabetes mellitus types I and II), as well as diseases and/or disorders associated with, or consequential to, diabetes (e.g. as described below under "Endocrine Disorders," "Renal Disorders," and "Gastrointestinal Disorders").

Description of Table 2

Table 2 summarizes homology and features of some of the polypeptides of the invention. The first column provides a unique clone identifier, “Clone ID:”, corresponding to a cDNA clone disclosed in Table 1A or Table 1B. The second column provides the unique contig identifier, “Contig ID:” corresponding to contigs in Table 1B and allowing for correlation with the information in Table 1B. The third column provides the sequence identifier, “SEQ ID NO:X”, for the contig polynucleotide sequence. The fourth column provides the analysis method by which the homology/identity disclosed in the Table was determined. Comparisons were made between polypeptides encoded by the polynucleotides of the invention and either a non-redundant protein database (herein referred to as “NR”), or a database of protein families (herein referred to as “PFAM”) as further described below. The fifth column provides a description of the PFAM/NR hit having a significant match to a polypeptide of the invention. Column six provides the accession number of the PFAM/NR hit disclosed in the fifth column. Column seven, "Score/Percent Identity", provides a quality score or the percent identity, of the hit disclosed in columns five and six. Columns 8 and 9, “NT From” and “NT To” respectively, delineate the polynucleotides in “SEQ ID NO:X” that encode a polypeptide having a significant match to the PFAM/NR database as disclosed in the fifth and sixth columns. In specific embodiments polypeptides of the invention comprise, or alternatively consist of, an amino acid sequence encoded by a polynucleotide in SEQ ID NO:X as delineated in columns 8 and 9, or fragments or variants thereof.

Description of Table 3

Table 3 provides polynucleotide sequences that may be disclaimed according to certain embodiments of the invention. The first column provides a unique clone identifier, “Clone ID”,

for a cDNA clone related to contig sequences disclosed in Table 1B. The second column provides the sequence identifier, "SEQ ID NO:X", for contig sequences disclosed in Table 1A and/or Table 1B. The third column provides the unique contig identifier, "Contig ID:", for contigs disclosed in Table 1B. The fourth column provides a unique integer 'a' where 'a' is any integer between 1 and the final nucleotide minus 15 of SEQ ID NO:X, and the fifth column provides a unique integer 'b' where 'b' is any integer between 15 and the final nucleotide of SEQ ID NO:X, where both a and b correspond to the positions of nucleotide residues shown in SEQ ID NO:X, and where b is greater than or equal to a + 14. For each of the polynucleotides shown as SEQ ID NO:X, the uniquely defined integers can be substituted into the general formula of a-b, and used to describe polynucleotides which may be preferably excluded from the invention. In certain embodiments, preferably excluded from the invention are at least one, two, three, four, five, ten, or more of the polynucleotide sequence(s) having the accession number(s) disclosed in the sixth column of this Table (including for example, published sequence in connection with a particular BAC clone). In further embodiments, preferably excluded from the invention are the specific polynucleotide sequence(s) contained in the clones corresponding to at least one, two, three, four, five, ten, or more of the available material having the accession numbers identified in the sixth column of this Table (including for example, the actual sequence contained in an identified BAC clone).

Description of Table 4

Table 4 provides a key to the tissue/cell source identifier code disclosed in Table 1B.2, column 5. Column 1 of Table 4 provides the tissue/cell source identifier code disclosed in Table 1B.2, Column 5. Columns 2-5 provide a description of the tissue or cell source. Note that "Description" and "Tissue" sources (i.e. columns 2 and 3) having the prefix "a_" indicates organs, tissues, or cells derived from "adult" sources. Codes corresponding to diseased tissues are indicated in column 6 with the word "disease." The use of the word "disease" in column 6 is non-limiting. The tissue or cell source may be specific (e.g. a neoplasm), or may be disease-associated (e.g., a tissue sample from a normal portion of a diseased organ). Furthermore, tissues and/or cells lacking the "disease" designation may still be derived from sources directly or indirectly involved in a disease state or disorder, and therefore may have a further utility in that disease state or disorder. In numerous cases where the tissue/cell source is a library, column 7 identifies the vector used to generate the library.

Description of Table 5

Table 5 provides a key to the OMIM reference identification numbers disclosed in Table 1B.1, column 9. OMIM reference identification numbers (Column 1) were derived from Online Mendelian Inheritance in Man (Online Mendelian Inheritance in Man, OMIM. McKusick-Nathans Institute for Genetic Medicine, Johns Hopkins University (Baltimore, MD) and National Center

for Biotechnology Information, National Library of Medicine, (Bethesda, MD) 2000. World Wide Web URL: ~~http://~~www.ncbi.nlm.nih.gov/omim/). Column 2 provides diseases associated with the cytologic band disclosed in Table 1B.1, column 8, as determined using the Morbid Map database.

Description of Table 6

Table 6 summarizes some of the ~~ATCC~~ATCC™ Deposits, Deposit dates, and ~~ATCC~~ATCC™ designation numbers of deposits made with the ~~ATCC~~ATCC™ in connection with the present application. These deposits were made in addition to those described in the Table 1A.

Description of Table 7

Table 7 shows the cDNA libraries sequenced, and ~~ATCC~~ATCC™ designation numbers and vector information relating to these cDNA libraries.

The first column shows the first four letters indicating the Library from which each library clone was derived. The second column indicates the catalogued tissue description for the corresponding libraries. The third column indicates the vector containing the corresponding clones. The fourth column shows the ~~ATCC~~ATCC™ deposit designation for each libray clone as indicated by the deposit information in Table 6.

Definitions

The following definitions are provided to facilitate understanding of certain terms used throughout this specification.

In the present invention, "isolated" refers to material removed from its original environment (e.g., the natural environment if it is naturally occurring), and thus is altered "by the hand of man" from its natural state. For example, an isolated polynucleotide could be part of a vector or a composition of matter, or could be contained within a cell, and still be "isolated" because that vector, composition of matter, or particular cell is not the original environment of the polynucleotide. The term "isolated" does not refer to genomic or cDNA libraries, whole cell total or mRNA preparations, genomic DNA preparations (including those separated by electrophoresis and transferred onto blots), sheared whole cell genomic DNA preparations or other compositions where the art demonstrates no distinguishing features of the polynucleotide/sequences of the present invention.

In the present invention, a "secreted" protein refers to those proteins capable of being directed to the ER, secretory vesicles, or the extracellular space as a result of a signal sequence, as well as those proteins released into the extracellular space without necessarily containing a signal sequence. If the secreted protein is released into the extracellular space, the secreted protein can

undergo extracellular processing to produce a "mature" protein. Release into the extracellular space can occur by many mechanisms, including exocytosis and proteolytic cleavage.

As used herein, a "polynucleotide" refers to a molecule having a nucleic acid sequence encoding SEQ ID NO:Y or a fragment or variant thereof (e.g., the polypeptide delinated in columns fourteen and fifteen of Table 1A); a nucleic acid sequence contained in SEQ ID NO:X (as described in column 5 of Table 1A and/or column 3 of Table 1B) or the complement thereof; a cDNA sequence contained in Clone ID: (as described in column 2 of Table 1A and/or Table 1B and contained within a library deposited with the ~~ATCC~~ATCC™); a nucleotide sequence encoding the polypeptide encoded by a nucleotide sequence in SEQ ID NO:B as defined in column 6 (EXON From-To) of Table 1C or a fragment or variant thereof; or a nucleotide coding sequence in SEQ ID NO:B as defined in column 6 of Table 1C or the complement thereof. For example, the polynucleotide can contain the nucleotide sequence of the full length cDNA sequence, including the 5' and 3' untranslated sequences, the coding region, as well as fragments, epitopes, domains, and variants of the nucleic acid sequence. Moreover, as used herein, a "polypeptide" refers to a molecule having an amino acid sequence encoded by a polynucleotide of the invention as broadly defined (obviously excluding poly-Phenylalanine or poly-Lysine peptide sequences which result from translation of a polyA tail of a sequence corresponding to a cDNA).

In the present invention, "SEQ ID NO:X" was often generated by overlapping sequences contained in multiple clones (contig analysis). A representative clone containing all or most of the sequence for SEQ ID NO:X is deposited at Human Genome Sciences, Inc. (HGS) in a catalogued and archived library. As shown, for example, in column 2 of Table 1B, each clone is identified by a cDNA Clone ID (identifier generally referred to herein as Clone ID:). Each Clone ID is unique to an individual clone and the Clone ID is all the information needed to retrieve a given clone from the HGS library. Table 7 provides a list of the deposited cDNA libraries. One can use the Clone ID: to determine the library source by reference to Tables 6 and 7. Table 7 lists the deposited cDNA libraries by name and links each library to an ~~ATCC~~ATCC™ Deposit. Library names contain four characters, for example, “HTWE.” The name of a cDNA clone (Clone ID) isolated from that library begins with the same four characters, for example “HTWEP07”. As mentioned below, Table 1A and/or Table 1B correlates the Clone ID names with SEQ ID NO:X. Thus, starting with an SEQ ID NO:X, one can use Tables 1A, 1B, 6, 7, and 9 to determine the corresponding Clone ID, which library it came from and which ~~ATCC~~ATCC™ deposit the library is contained in. Furthermore, it is possible to retrieve a given cDNA clone from the source library by techniques known in the art and described elsewhere herein. The ~~ATCC~~ATCC™ is located at 10801 University Boulevard, Manassas, Virginia 20110-2209, USA. The ~~ATCC~~ATCC™ deposits were made pursuant to the terms of the Budapest Treaty on the international recognition of the deposit of microorganisms for the purposes of patent procedure.

In specific embodiments, the polynucleotides of the invention are at least 15, at least 30, at least 50, at least 100, at least 125, at least 500, or at least 1000 continuous nucleotides but are less than or equal to 300 kb, 200 kb, 100 kb, 50 kb, 15 kb, 10 kb, 7.5kb, 5 kb, 2.5 kb, 2.0 kb, or 1 kb, in length. In a further embodiment, polynucleotides of the invention comprise a portion of the coding sequences, as disclosed herein, but do not comprise all or a portion of any intron. In another embodiment, the polynucleotides comprising coding sequences do not contain coding sequences of a genomic flanking gene (i.e., 5' or 3' to the gene of interest in the genome). In other embodiments, the polynucleotides of the invention do not contain the coding sequence of more than 1000, 500, 250, 100, 50, 25, 20, 15, 10, 5, 4, 3, 2, or 1 genomic flanking gene(s).

A "polynucleotide" of the present invention also includes those polynucleotides capable of hybridizing, under stringent hybridization conditions, to sequences contained in SEQ ID NO:X, or the complement thereof (e.g., the complement of any one, two, three, four, or more of the polynucleotide fragments described herein), the polynucleotide sequence delineated in columns 7 and 8 of Table 1A or the complement thereof, the polynucleotide sequence delineated in columns 8 and 9 of Table 2 or the complement thereof, and/or cDNA sequences contained in Clone ID: (e.g., the complement of any one, two, three, four, or more of the polynucleotide fragments, or the cDNA clone within the pool of cDNA clones deposited with the ~~ATCC~~ATCC™, described herein), and/or the polynucleotide sequence delineated in column 6 of Table 1C or the complement thereof. "Stringent hybridization conditions" refers to an overnight incubation at 42 degree C in a solution comprising 50% formamide, 5x SSC (750 mM NaCl, 75 mM trisodium citrate), 50 mM sodium phosphate (pH 7.6), 5x Denhardt's solution, 10% dextran sulfate, and 20 µg/ml denatured, sheared salmon sperm DNA, followed by washing the filters in 0.1x SSC at about 65 degree C.

Also contemplated are nucleic acid molecules that hybridize to the polynucleotides of the present invention at lower stringency hybridization conditions. Changes in the stringency of hybridization and signal detection are primarily accomplished through the manipulation of formamide concentration (lower percentages of formamide result in lowered stringency); salt conditions, or temperature. For example, lower stringency conditions include an overnight incubation at 37 degree C in a solution comprising 6X SSPE (20X SSPE = 3M NaCl; 0.2M NaH_2PO_4; 0.02M EDTA, pH 7.4), 0.5% SDS, 30% formamide, 100 ug/ml salmon sperm blocking DNA; followed by washes at 50 degree C with 1XSSPE, 0.1% SDS. In addition, to achieve even lower stringency, washes performed following stringent hybridization can be done at higher salt concentrations (e.g. 5X SSC).

Note that variations in the above conditions may be accomplished through the inclusion and/or substitution of alternate blocking reagents used to suppress background in hybridization experiments. Typical blocking reagents include Denhardt's reagent, BLOTTO, heparin, denatured salmon sperm DNA, and commercially available proprietary formulations. The inclusion of

specific blocking reagents may require modification of the hybridization conditions described above, due to problems with compatibility.

Of course, a polynucleotide which hybridizes only to polyA+ sequences (such as any 3' terminal polyA+ tract of a cDNA shown in the sequence listing), or to a complementary stretch of T (or U) residues, would not be included in the definition of "polynucleotide," since such a polynucleotide would hybridize to any nucleic acid molecule containing a poly (A) stretch or the complement thereof (e.g., practically any double-stranded cDNA clone generated using oligo dT as a primer).

The polynucleotide of the present invention can be composed of any polyribonucleotide or polydeoxribonucleotide, which may be unmodified RNA or DNA or modified RNA or DNA. For example, polynucleotides can be composed of single- and double-stranded DNA, DNA that is a mixture of single- and double-stranded regions, single- and double-stranded RNA, and RNA that is mixture of single- and double-stranded regions, hybrid molecules comprising DNA and RNA that may be single-stranded or, more typically, double-stranded or a mixture of single- and double-stranded regions. In addition, the polynucleotide can be composed of triple-stranded regions comprising RNA or DNA or both RNA and DNA. A polynucleotide may also contain one or more modified bases or DNA or RNA backbones modified for stability or for other reasons. "Modified" bases include, for example, tritylated bases and unusual bases such as inosine. A variety of modifications can be made to DNA and RNA; thus, "polynucleotide" embraces chemically, enzymatically, or metabolically modified forms.

In specific embodiments, the polynucleotides of the invention are at least 15, at least 30, at least 50, at least 100, at least 125, at least 500, or at least 1000 continuous nucleotides but are less than or equal to 300 kb, 200 kb, 100 kb, 50 kb, 15 kb, 10 kb, 7.5kb, 5 kb, 2.5 kb, 2.0 kb, or 1 kb, in length. In a further embodiment, polynucleotides of the invention comprise a portion of the coding sequences, as disclosed herein, but do not comprise all or a portion of any intron. In another embodiment, the polynucleotides comprising coding sequences do not contain coding sequences of a genomic flanking gene (i.e., 5' or 3' to the gene of interest in the genome). In other embodiments, the polynucleotides of the invention do not contain the coding sequence of more than 1000, 500, 250, 100, 50, 25, 20, 15, 10, 5, 4, 3, 2, or 1 genomic flanking gene(s).

"SEQ ID NO:X" refers to a polynucleotide sequence described in column 5 of Table 1A, while "SEQ ID NO:Y" refers to a polypeptide sequence described in column 10 of Table 1A. SEQ ID NO:X is identified by an integer specified in column 6 of Table 1A. The polypeptide sequence SEQ ID NO:Y is a translated open reading frame (ORF) encoded by polynucleotide SEQ ID NO:X. The polynucleotide sequences are shown in the sequence listing immediately followed by all of the polypeptide sequences. Thus, a polypeptide sequence corresponding to polynucleotide sequence SEQ ID NO:2 is the first polypeptide sequence shown in the sequence listing. The

second polypeptide sequence corresponds to the polynucleotide sequence shown as SEQ ID NO:3, and so on.

The polypeptide of the present invention can be composed of amino acids joined to each other by peptide bonds or modified peptide bonds, i.e., peptide isosteres, and may contain amino acids other than the 20 gene-encoded amino acids. The polypeptides may be modified by either natural processes, such as posttranslational processing, or by chemical modification techniques which are well known in the art. Such modifications are well described in basic texts and in more detailed monographs, as well as in a voluminous research literature. Modifications can occur anywhere in a polypeptide, including the peptide backbone, the amino acid side-chains and the amino or carboxyl termini. It will be appreciated that the same type of modification may be present in the same or varying degrees at several sites in a given polypeptide. Also, a given polypeptide may contain many types of modifications. Polypeptides may be branched, for example, as a result of ubiquitination, and they may be cyclic, with or without branching. Cyclic, branched, and branched cyclic polypeptides may result from posttranslation natural processes or may be made by synthetic methods. Modifications include acetylation, acylation, ADP-ribosylation, amidation, covalent attachment of flavin, covalent attachment of a heme moiety, covalent attachment of a nucleotide or nucleotide derivative, covalent attachment of a lipid or lipid derivative, covalent attachment of phosphotidylinositol, cross-linking, cyclization, disulfide bond formation, demethylation, formation of covalent cross-links, formation of cysteine, formation of pyroglutamate, formylation, gamma-carboxylation, glycosylation, GPI anchor formation, hydroxylation, iodination, methylation, myristoylation, oxidation, pegylation, proteolytic processing, phosphorylation, prenylation, racemization, selenoylation, sulfation, transfer-RNA mediated addition of amino acids to proteins such as arginylation, and ubiquitination. (See, for instance, PROTEINS - STRUCTURE AND MOLECULAR PROPERTIES, 2nd Ed., T. E. Creighton, W. H. Freeman and Company, New York (1993); POSTTRANSLATIONAL COVALENT MODIFICATION OF PROTEINS, B. C. Johnson, Ed., Academic Press, New York, pgs. 1-12 (1983); Seifter et al., Meth. Enzymol. 182:626-646 (1990); Rattan et al., Ann. N.Y. Acad. Sci. 663:48-62 (1992)).

"SEQ ID NO:X" refers to a polynucleotide sequence described, for example, in Tables 1A, Table 1B, or Table 2, while "SEQ ID NO:Y" refers to a polypeptide sequence described in column 11 of Table 1A and or column 6 of Table 1B.1. SEQ ID NO:X is identified by an integer specified in column 4 of Table 1B. The polypeptide sequence SEQ ID NO:Y is a translated open reading frame (ORF) encoded by polynucleotide SEQ ID NO:X. “Clone ID:” refers to a cDNA clone described in column 2 of Table 1A and/or 1B.

"A polypeptide having functional activity” refers to a polypeptide capable of displaying one or more known functional activities associated with a full-length (complete) protein. Such functional activities include, but are not limited to, biological activity (e.g. activity useful in

treating, preventing and/or ameliorating cancer and other hyperproliferative disorders), antigenicity (ability to bind [or compete with a polypeptide for binding] to an anti-polypeptide antibody), immunogenicity (ability to generate antibody which binds to a specific polypeptide of the invention), ability to form multimers with polypeptides of the invention, and ability to bind to a receptor or ligand for a polypeptide.

The polypeptides of the invention can be assayed for functional activity (e.g. biological activity) using or routinely modifying assays known in the art, as well as assays described herein. Specifically, one of skill in the art may routinely assay secreted polypeptides (including fragments and variants) of the invention for activity using assays as described in the examples section below.

"A polypeptide having biological activity" refers to a polypeptide exhibiting activity similar to, but not necessarily identical to, an activity of a polypeptide of the present invention, including mature forms, as measured in a particular biological assay, with or without dose dependency. In the case where dose dependency does exist, it need not be identical to that of the polypeptide, but rather substantially similar to the dose-dependence in a given activity as compared to the polypeptide of the present invention (i.e., the candidate polypeptide will exhibit greater activity or not more than about 25-fold less and, preferably, not more than about tenfold less activity, and most preferably, not more than about three-fold less activity relative to the polypeptide of the present invention).

TABLES:

Table 1A

Table 1A summarizes information concerning certain polypnucleotides and polypeptides of the invention. The first column provides the gene number in the application for each clone identifier. The second column provides a unique clone identifier, "Clone ID:", for a cDNA clone related to each contig sequence disclosed in Table 1A. Third column, the cDNA Clones identified in the second column were deposited as indicated in the third column (i.e. by ~~ATCC~~ATCC™ Deposit No:Z and deposit date). Some of the deposits contain multiple different clones corresponding to the same gene. In the fourth column, "Vector" refers to the type of vector contained in the corresponding cDNA Clone identified in the second column. In the fifth column, the nucleotide sequence identified as "NT SEQ ID NO:X" was assembled from partially homologous ("overlapping") sequences obtained from the corresponding cDNA clone identified in the second column and, in some cases, from additional related cDNA clones. The overlapping sequences were assembled into a single contiguous sequence of high redundancy (usually three to five overlapping sequences at each nucleotide position), resulting in a final sequence identified as SEQ ID NO:X. In the sixth column, "Total NT Seq." refers to the total number of nucleotides in the contig sequence identified as SEQ ID NO:X." The deposited clone may contain all or most of these sequences, reflected by the nucleotide position indicated as "5' NT of Clone Seq." (seventh

column) and the "3' NT of Clone Seq." (eighth column) of SEQ ID NO:X. In the ninth column, the nucleotide position of SEQ ID NO:X of the putative start codon (methionine) is identified as "5' NT of Start Codon." Similarly , in column ten, the nucleotide position of SEQ ID NO:X of the predicted signal sequence is identified as "5' NT of First AA of Signal Pep." In the eleventh column, the translated amino acid sequence, beginning with the methionine, is identified as "AA SEQ ID NO:Y," although other reading frames can also be routinely translated using known molecular biology techniques. The polypeptides produced by these alternative open reading frames are specifically contemplated by the present invention.

In the twelfth and thirteenth columns of Table 1A, the first and last amino acid position of SEQ ID NO:Y of the predicted signal peptide is identified as "First AA of Sig Pep" and "Last AA of Sig Pep." In the fourteenth column, the predicted first amino acid position of SEQ ID NO:Y of the secreted portion is identified as "Predicted First AA of Secreted Portion". The amino acid position of SEQ ID NO:Y of the last amino acid encoded by the open reading frame is identified in the fifteenth column as "Last AA of ORF".

SEQ ID NO:X (where X may be any of the polynucleotide sequences disclosed in the sequence listing) and the translated SEQ ID NO:Y (where Y may be any of the polypeptide sequences disclosed in the sequence listing) are sufficiently accurate and otherwise suitable for a variety of uses well known in the art and described further below. For instance, SEQ ID NO:X is useful for designing nucleic acid hybridization probes that will detect nucleic acid sequences contained in SEQ ID NO:X or the cDNA contained in the deposited clone. These probes will also hybridize to nucleic acid molecules in biological samples, thereby enabling a variety of forensic and diagnostic methods of the invention. Similarly, polypeptides identified from SEQ ID NO:Y may be used, for example, to generate antibodies which bind specifically to proteins containing the polypeptides and the secreted proteins encoded by the cDNA clones identified in Table 1A and/or elsewhere herein

Nevertheless, DNA sequences generated by sequencing reactions can contain sequencing errors. The errors exist as misidentified nucleotides, or as insertions or deletions of nucleotides in the generated DNA sequence. The erroneously inserted or deleted nucleotides cause frame shifts in the reading frames of the predicted amino acid sequence. In these cases, the predicted amino acid sequence diverges from the actual amino acid sequence, even though the generated DNA sequence may be greater than 99.9% identical to the actual DNA sequence (for example, one base insertion or deletion in an open reading frame of over 1000 bases).

Accordingly, for those applications requiring precision in the nucleotide sequence or the amino acid sequence, the present invention provides not only the generated nucleotide sequence identified as SEQ ID NO:X, and the predicted translated amino acid sequence identified as SEQ ID NO:Y, but also a sample of plasmid DNA containing a human cDNA of the invention deposited with the ~~ATCC~~ATCC™, as set forth in Table 1A. The nucleotide sequence of each

deposited plasmid can readily be determined by sequencing the deposited plasmid in accordance with known methods

The predicted amino acid sequence can then be verified from such deposits. Moreover, the amino acid sequence of the protein encoded by a particular plasmid can also be directly determined by peptide sequencing or by expressing the protein in a suitable host cell containing the deposited human cDNA, collecting the protein, and determining its sequence.

Also provided in Table 1A is the name of the vector which contains the cDNA plasmid. Each vector is routinely used in the art. The following additional information is provided for convenience.

Vectors Lambda Zap (U.S. Patent Nos. 5,128,256 and 5,286,636), Uni-Zap XR (U.S. Patent Nos. 5,128, 256 and 5,286,636), Zap Express (U.S. Patent Nos. 5,128,256 and 5,286,636), ~~pBluescript~~pBLUESCRIPT™ (pBS) (Short, J. M. et al., *Nucleic Acids Res. 16:*7583-7600 (1988); Alting-Mees, M. A. and Short, J. M., *Nucleic Acids Res. 17:*9494 (1989)) and pBK (Alting-Mees, M. A. et al., *Strategies 5:*58-61 (1992)) are commercially available from ~~Stratagene~~STRATAGENE™ Cloning Systems, Inc., 11011 N. Torrey Pines Road, La Jolla, CA, 92037. pBS contains an ampicillin resistance gene and pBK contains a neomycin resistance gene. Phagemid pBS may be excised from the Lambda Zap and Uni-Zap XR vectors, and phagemid pBK may be excised from the Zap Express vector. Both phagemids may be transformed into *E. coli* strain XL-1 Blue, also available from ~~Stratagene~~STRATAGENE™

Vectors pSport1, pCMVSport 1.0, pCMVSport 2.0 and pCMVSport 3.0, were obtained from ~~Life Technologies~~LIFE TECHNOLOGIES™, Inc., P. O. Box 6009, Gaithersburg, MD 20897. All Sport vectors contain an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, also available from ~~Life Technologies~~LIFE TECHNOLOGIES™. See, for instance, Gruber, C. E., et al., *Focus 15:*59 (1993). Vector lafmid BA (Bento Soares, Columbia University, New York, NY) contains an ampicillin resistance gene and can be transformed into *E. coli* strain XL-1 Blue. Vector pCR®2.1, which is available from Invitrogen, 1600 Faraday Avenue, Carlsbad, CA 92008, contains an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, available from ~~Life Technologies~~LIFE TECHNOLOGIES™. See, for instance, Clark, J. M., *Nuc. Acids Res. 16:*9677-9686 (1988) and Mead, D. *et al., Bio/Technology 9:* (1991).

The present invention also relates to the genes corresponding to SEQ ID NO:X, SEQ ID NO:Y, and/or a deposited cDNA (cDNA Clone ID). The corresponding gene can be isolated in accordance with known methods using the sequence information disclosed herein. Such methods include, but are not limited to, preparing probes or primers from the disclosed sequence and identifying or amplifying the corresponding gene from appropriate sources of genomic material.

Also provided in the present invention are allelic variants, orthologs, and/or species homologs. Procedures known in the art can be used to obtain full-length genes, allelic variants, splice variants, full-length coding portions, orthologs, and/or species homologs of genes

corresponding to SEQ ID NO:X and SEQ ID NO:Y using information from the sequences disclosed herein or the clones deposited with the ~~ATCC~~ATCC™. For example, allelic variants and/or species homologs may be isolated and identified by making suitable probes or primers from the sequences provided herein and screening a suitable nucleic acid source for allelic variants and/or the desired homologue.

The present invention provides a polynucleotide comprising, or alternatively consisting of, the nucleic acid sequence of SEQ ID NO:X and/or a cDNA contained in ~~ATCC~~ATCC™ Deposit No.Z. The present invention also provides a polypeptide comprising, or alternatively, consisting of, the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X, and/or a polypeptide encoded by a cDNA contained in ~~ATCC~~ATCC™ deposit No.Z. Polynucleotides encoding a polypeptide comprising, or alternatively consisting of the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X and/or a polypeptide encoded by the cDNA contained in ~~ATCC~~ATCC™ Deposit No.Z, are also encompassed by the invention. The present invention further encompasses a polynucleotide comprising, or alternatively consisting of the complement of the nucleic acid sequence of SEQ ID NO:X, and/or the complement of the coding strand of the cDNA contained in ~~ATCC~~ATCC™ Deposit No.Z.

Table 1A

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
1	H2CBG48	209889 05/22/98	~~pBluescriptpB~~LUESCRIPT™ SK-	11	2797	1	2797	125	125	~~948~~ 949	1	25	26	45
2	H2MAC30	209299 09/25/97	~~pBluescriptpB~~LUESCRIPT™ SK-	12	459	1	459	157	157	~~949~~ 950	1	28	29	72
3	H6EAB28	209511 12/03/97	Uni-ZAP XR	13	1939	1	1939	115	115	~~950~~ 951	1	31	32	100
3	H6EAB28	209511 12/03/97	Uni-ZAP XR	631	1547	1	1547	116	116	~~1568~~ 1570	1	20	21	76
4	H6EDF66	209299 09/25/97	Uni-ZAP XR	14	540	1	540	146	146	~~951~~ 952	1	27	28	131
5	HABAG37	209626 02/12/98	pSport1	15	654	1	639	97	97	~~952~~ 953	1	31	32	62
6	HACBD91	209626 02/12/98	Uni-ZAP XR	16	1445	1	1445	117	117	~~953~~ 954	1	42	43	49
7	HACCI17	203071 07/27/98	Uni-ZAP XR	17	1722	336	1714	461	461	~~954~~ 955	1	24	25	218
7	HACCI17	203071 07/27/98	Uni-ZAP XR	~~632~~ 633	1380	12	1380	135	135	~~1569~~ 1572	1	24	25	72

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
8	HADAO89	209423 10/30/97	pSport1	18	1453	1	1453	244	244	~~955~~ 956	1	22	23	44
9	HAGAI85	97922 03/07/97 209070 05/22/97	Uni-ZAP XR	19	1752	52	1752	166	166	~~956~~ 957	1	23	24	30
10	HAGAM64	209603 01/29/98	Uni-ZAP XR	20	2321	1	2321	57	57	~~957~~ 958	1	31	32	44
11	HAGAN21	PTA-841 10/13/99	Uni-ZAP XR	21	843	1	843	34	34	~~958~~ 959	1	17	18	91
11	HAGAN21	PTA-841 10/13/99	Uni-ZAP XR	~~633~~ 634	610	294	610	335	335	~~1570~~ 1572	1	17	18	91
11	HAGAN21	PTA-841 10/13/99	Uni-ZAP XR	~~634~~ 635	659	1	659		452	~~1571~~ 1573	1			4
11	HAGAN21	PTA-841 10/13/99	Uni-ZAP XR	~~635~~ 636	189	1	189		146	~~1572~~ 1574	1	13	14	14
11	HAGAN21	PTA-841 10/13/99	Uni-ZAP XR	~~636~~ 637	637	1	637		321	~~1573~~ 1575	1			6
12	HAGBZ81	209118 06/12/97	Uni-ZAP XR	22	1382	24	1382		65	~~959~~ 960	1	30	31	49
13	HAGDG59	209277 09/18/97	Uni-ZAP XR	23	1734	44	1717	124	124	~~960~~ 961	1	18	19	300
14	HAGDI35	209852 05/07/98	Uni-ZAP XR	24	1357	1	1338	318	318	~~961~~ 962	1	25	26	93
15	HAGFG51	203364 10/19/98	Uni-ZAP XR	25	1313	1	1313	163	163	~~962~~ 963	1	23	24	43

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
16	HAGFI62	209782 04/20/98	Uni-ZAP XR	26	1003	368	992	429	429	~~963~~ 964	1	28	29	91
17	HAGFY16	97923 03/07/97 209071 05/22/97	Uni-ZAP XR	27	1963	209	1922	251	251	~~964~~ 965	1	28	29	198
17	HAGFY16	97923 03/07/97 209071 05/22/97	Uni-ZAP XR	~~637~~ 638	1830	87	1786	128	128	~~1574~~ 1576	1	26	27	45
18	HAHDB16	209626 02/12/98	Uni-ZAP XR	28	796	1	796	93	93	~~965~~ 966	1	20	21	50
19	HAHDR32	209626 02/12/98	Uni-ZAP XR	29	1256	365	1256	435	435	~~966~~ 967	1	25	26	181
20	HAIBO71	209145 07/17/97	Uni-ZAP XR	30	752	172	752	325	325	~~967~~ 968	1	28	29	66
21	HAIBP89	209877 05/18/98	Uni-ZAP XR	31	2243	173	2243	311	311	~~968~~ 969	1	27	28	317
21	HAIBP89	209877 05/18/98	Uni-ZAP XR	~~638~~ 639	1025	1	1025		1	~~1575~~ 1577	1	1	2	18
22	HAICP19	209009 04/28/97	Uni-ZAP XR	32	1624	89	1483	128	128	~~969~~ 970	1	18	19	446
23	HAIFL18	209852 05/07/98	Uni-ZAP XR	33	879	1	879	274	274	~~970~~ 971	1	29	30	140
24	HAJAF57	203364 10/19/98	pCMVSport 3.0	34	2761	1	2761	43	43	~~971~~ 972	1	1	2	94

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
25	HAJBR69	209626 02/12/98	pCMVSport 3.0	35	755	1	755	262	262	~~972~~ 973	1	19	20	53
26	HAJBZ75	209603 01/29/98	pCMVSport 3.0	36	2089	10	2085	49	49	~~973~~ 974	1	22	23	607
27	HAMFK58	209641 02/25/98	pCMVSport 3.0	37	785	1	785	279	279	~~974~~ 975	1	31	32	79
28	HAMGG68	209878 05/18/98	pCMVSport 3.0	38	1458	1	1458	312	312	~~975~~ 976	1	20	21	55
29	HANGG89	PTA-1543 03/21/00	pSport1	39	2657	348	2398	520	520	~~976~~ 977	1	1	2	52
29	HANGG89	PTA-1543 03/21/00	pSport1	~~639~~ 640	2454	1	2454	125	125	~~1576~~ 1578	1	23	24	98
29	HANGG89	PTA-1543 03/21/00	pSport1	~~640~~ 641	1775	1	1775	70	70	~~1577~~ 1579	1	29	30	392
29	HANGG89	PTA-1543 03/21/00	pSport1	~~641~~ 642	1379	1	1379	78	78	~~1578~~ 1580	1	26	27	434
30	HAPBS03	209651 03/04/98	Uni-ZAP XR	40	1503	45	1479	252	252	~~977~~ 978	1	28	29	41
31	HAPNY86	209511 12/03/97	Uni-ZAP XR	41	1280	1	1280	100	100	~~978~~ 979	1	25	26	129
32	HAPNY94	209889 05/22/98	Uni-ZAP XR	42	742	1	742	94	94	~~979~~ 980	1	29	30	50
33	HAPPW30	209683 03/20/98	Uni-ZAP XR	43	1472	1	1472	59	59	~~980~~ 981	1	22	23	264
33	HAPPW30	209683 03/20/98	Uni-ZAP XR	~~642~~ 643	1508	14	1501	54	54	~~1579~~ 1580	1	22	23	91

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
34	HAPQT22	203070 07/27/98	Uni-ZAP XR	44	635	1	635	132	132	~~981~~ 982	1	17	18	72
35	HAPUC89	203570 01/11/99	Uni-ZAP XR	45	1153	1	1153	385	385	~~982~~ 983	1	25	26	140
36	HASAV70	97923 03/07/97 209071 05/22/97	Uni-ZAP XR	46	729	1	729	94	94	~~983~~ 984	1	20	21	110
36	HASAV70	97923 03/07/97 209071 05/22/97	Uni-ZAP XR	~~643~~ 644	1412	10	733	103	103	~~1580~~ 1582	1	20	21	110
37	HASCG84	209568 01/06/98	Uni-ZAP XR	47	1079	1	1079	216	216	~~984~~ 985	1	32	33	53
38	HATAC53	209651 03/04/98	Uni-ZAP XR	48	1959	1	1959	97	97	~~985~~ 986	1	21	22	248
38	HATAC53	209651 03/04/98	Uni-ZAP XR	~~644~~ 645	1306	13	1306	99	99	~~1581~~ 1583	1	21	22	189
39	HATBR65	209626 02/12/98	Uni-ZAP XR	49	812	1	812	252	252	~~986~~ 987	1	16	17	64
40	HATCB92	209683 03/20/98	Uni-ZAP XR	50	1756	1	1756	247	247	~~987~~ 988	1	37	38	56
41	HATCP77	209965 06/11/98	Uni-ZAP XR	51	2098	1	2098	37	37	~~988~~ 989	1	21	22	182
42	HATEE46	209407 10/23/97	Uni-ZAP XR	52	1675	136	863	241	241	~~989~~ 990	1	21	22	53

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
43	HBAFJ33	209603 01/29/98	pSport1	53	1280	1	1252	60	60	~~990~~ 991	1	15	16	110
44	HBAFV19	PTA-1543 03/21/00	pSport1	54	953	1	953	6	6	~~991~~ 992	1	1	2	258
45	HBAMB34	209324 10/02/97	pSport1	55	1027	1	1027	87	87	~~992~~ 993	1	35	36	48
46	HBCPB32	PTA-2075 06/09/00	pSport1	56	1368	1	1368	88	88	~~993~~ 994	1	37	38	202
46	HBCPB32	PTA-2075 06/09/00	pSport1	~~645~~ 646	729	1	729	89	89	~~1582~~ 1584	1	37	38	196
47	HBCQL32	PTA-2075 06/09/00	pSport1	57	402	1	402	26	26	~~994~~ 995	1	20	21	80
47	HBCQL32	PTA-2075 06/09/00	pSport1	~~646~~ 647	1180	741	1180	760	760	~~1583~~ 1585	1	20	21	80
48	HBGNU56	PTA-2073 06/09/00	Uni-ZAP XR	58	864	1	864	125	125	~~995~~ 996	1	21	22	185
48	HBGNU56	PTA-2073 06/09/00	Uni-ZAP XR	~~647~~ 648	941	1	941	79	79	~~1584~~ 1586	1	21	22	178
48	HBGNU56	PTA-2073 06/09/00	Uni-ZAP XR	~~648~~ 649	988	804	853		2	~~1585~~ 1587	1	1	2	219
49	HBHAD12	209009 04/28/97	Uni-ZAP XR	59	786	1	786		176	~~996~~ 997	1	17	18	23
50	HBHMA23	209782 04/20/98	pSport1	60	1175	2	1175	71	71	~~997~~ 998	1	24	25	197
50	HBHMA23	209782 04/20/98	pSport1	~~649~~ 650	1172	1	1172	70	70	~~1586~~ 1588	1	24	25	76

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
51	HBIMB51	209683 03/20/98	pCMVSport 3.0	61	537	1	537	98	98	~~998~~ 999	1	21	22	146
51	HBIMB51	209683 03/20/98	pCMVSport 3.0	~~650~~ 651	526	1	526	93	93	~~1587~~ 1589	1	21	22	130
52	HBINS58	PTA-885 10/28/99	pCMVSport 3.0	62	843	1	843	57	57	~~999~~ 1000	1	30	31	174
52	HBINS58	PTA-885 10/28/99	pCMVSport 3.0	~~651~~ 652	1566	1	1566	71	71	~~1588~~ 1590	1	29	30	173
52	HBINS58	PTA-885 10/28/99	pCMVSport 3.0	~~652~~ 653	1067	1	1067	100	100	~~1589~~ 1591	1	29	30	210
53	HBJFU48	209125 06/19/97	Uni-ZAP XR	63	849	1	849	20	20	~~1000~~ 1001	1	39	40	40
54	HBJIY92	203071 07/27/98	Uni-ZAP XR	64	2434	487	2366	548	548	~~1001~~ 1002	1	29	30	40
55	HBJLC01	209651 03/04/98	Uni-ZAP XR	65	872	1	872	87	87	~~1002~~ 1003	1	34	35	46
56	HBJLF01	209877 05/18/98	Uni-ZAP XR	66	1932	201	1931	217	217	~~1003~~ 1004	1	46	47	244
57	HBJLH40	203499 12/01/98	Uni-ZAP XR	67	1853	1	1853	74	74	~~1004~~ 1005	1	30	31	74
58	HBJNC59	PTA-622 09/02/99	Uni-ZAP XR	68	1061	1	1061	66	66	~~1005~~ 1006	1	22	23	245
58	HBJNC59	PTA-622 09/02/99	Uni-ZAP XR	~~653~~ 654	1021	1	1021	66	66	~~1590~~ 1592	1	22	23	99
58	HBJNC59	PTA-622 09/02/99	Uni-ZAP XR	~~654~~ 655	1086	1	1023	64	64	~~1591~~ 1593	1	22	23	245

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
59	HBMCI50	97978 03/27/97 209075 05/22/97	~~pBluescriptpB~~LUESCRIPT™	69	920	1	920	156	156	~~1006~~ 1007	1	29	30	83
60	HBNAW17	209242 09/12/97	Uni-ZAP XR	70	601	1	601	77	77	~~1007~~ 1008	1	37	38	61
61	HBOEG11	PTA-2072 06/09/00	pSport1	71	1356	1	1356	57	57	~~1008~~ 1009	1	22	23	250
61	HBOEG11	PTA-2072 06/09/00	pSport1	~~655~~ 656	1352	1	1352	53	53	~~1592~~ 1594	1	22	23	250
61	HBOEG11	PTA-2072 06/09/00	pSport1	~~656~~ 657	1337	1	1289	47	47	~~1593~~ 1595	1	22	23	250
62	HBOEG69	203081 07/30/98	pSport1	72	1411	1	1411	302	302	~~1009~~ 1010	1	19	20	54
63	HBXFL29	203858 03/18/99	ZAP Express	73	2229	376	2210	560	560	~~1010~~ 1011	1	31	32	57
64	HCACU58	209626 02/12/98	Uni-ZAP XR	74	1554	1	1554	137	137	~~1011~~ 1012	1	30	31	83
65	HCACV51	209551 12/12/97	Uni-ZAP XR	75	2083	1	2083	168	168	~~1012~~ 1013	1	31	32	81
65	HCACV51	209551 12/12/97	Uni-ZAP XR	~~657~~ 658	2092	1	2092	173	173	~~1594~~ 1596	1	31	32	281
66	HCDAF84	209300 09/25/97	Uni-ZAP XR	76	427	1	427	168	168	~~1013~~ 1014	1	18	19	56
67	HCE1Q89	209242 09/12/97	Uni-ZAP XR	77	863	1	863	74	74	~~1014~~ 1015	1	17	18	88

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
68	HCE2F54	209626 02/12/98	Uni-ZAP XR	78	1276	19	1256	166	166	~~1015~~ 1016	1	19	20	319
69	HCEFB80	PTA-2069 06/09/00	Uni-ZAP XR	79	2494	1	2494	12	12	~~1016~~ 1017	1	35	36	89
69	HCEFB80	PTA-2069 06/09/00	Uni-ZAP XR	~~658~~ 659	2494	1	2451	5	5	~~1595~~ 1597	1	35	36	89
70	HCEGR33	209090 06/05/97	Uni-ZAP XR	80	1630	1	1630	243	243	~~1017~~ 1018	1	18	19	31
71	HCEMP62	209745 04/07/98	Uni-ZAP XR	81	1860	269	1726	352	352	~~1018~~ 1019	1	30	31	187
71	HCEMP62	209745 04/07/98	Uni-ZAP XR	~~659~~ 660	1957	582	1823	19	19	~~1596~~ 1598	1	33	34	335
72	HCENK38	209651 03/04/98	Uni-ZAP XR	82	1509	1	1509	10	10	~~1019~~ 1020	1	28	29	52
73	HCEWE17	PTA-842 10/13/99	Uni-ZAP XR	83	967	1	967	117	117	~~1020~~ 1021	1	23	24	106
73	HCEWE17	PTA-842 10/13/99	Uni-ZAP XR	~~660~~ 661	730	247	730	500	500	~~1597~~ 1599	1	19	20	27
73	HCEWE17	PTA-842 10/13/99	Uni-ZAP XR	~~661~~ 662	550	1	550		156	~~1598~~ 1600	1	1	2	54
74	HCEWE20	209300 09/25/97	Uni-ZAP XR	84	885	13	885	166	166	~~1021~~ 1022	1	18	19	51
75	HCFCU88	209324 10/02/97	pSport1	85	853	1	853	217	217	~~1022~~ 1023	1	18	19	97
76	HCFMV71	209242 09/12/97	pSport1	86	400	1	400	31	31	~~1023~~ 1024	1	24	25	58

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
77	HCFNN01	209086 05/29/97	pSport1	87	1261	154	1261	254	254	~~1024~~ 1025	1	27	28	43
78	HCFOM18	209324 10/02/97	pSport1	88	639	1	639	28	28	~~1025~~ 1026	1	20	21	63
79	HCHNF25	209651 03/04/98	pSport1	89	3576	1	3576	1130	1130	~~1026~~ 1027	1	30	31	169
79	HCHNF25	209651 03/04/98	pSport1	~~662~~ 663	807	1	807	180	180	~~1599~~ 1601	1	30	31	147
80	HCMSQ56	209877 05/18/98	Uni-ZAP XR	90	1262	1	1262	148	148	~~1027~~ 1028	1	19	20	88
81	HCMST14	209346 10/09/97	Uni-ZAP XR	91	614	1	614	136	136	~~1028~~ 1029	1	24	25	47
82	HCMTB45	209368 10/16/97	Uni-ZAP XR	92	958	1	958	215	215	~~1029~~ 1030	1	20	21	123
82	HCMTB45	209368 10/16/97	Uni-ZAP XR	~~663~~ 664	946	1	946	209	209	~~1600~~ 1602	1	27	28	70
83	HCNSB61	209242 09/12/97	~~pBluescriptpB~~ LUESCRIPT™	93	712	1	712	218	218	~~1030~~ 1031	1	21	22	43
84	HCNSD93	209627 02/12/98	~~pBluescriptpB~~ LUESCRIPT™	94	1106	1	1106	139	139	~~1031~~ 1032	1	21	22	46
85	HCNSM70	209580 01/14/98	~~pBluescriptpB~~ LUESCRIPT™	95	1089	1	1089	107	107	~~1032~~ 1033	1	26	27	215

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
85	HCNSM70	209580 01/14/98	~~pBluescriptpB~~LUESCRIPT™	~~664~~ 665	1145	62	1145	161	161	~~1601~~ 1603	1	26	27	91
86	HCOOS80	PTA-2076 06/09/00	pSport1	96	1254	1	1254	36	36	~~1033~~ 1034	1	26	27	158
86	HCOOS80	PTA-2076 06/09/00	pSport1	~~665~~ 666	869	15	869	40	40	~~1602~~ 1604	1	26	27	158
86	HCOOS80	PTA-2076 06/09/00	pSport1	~~666~~ 667	692	339	506		1	~~1603~~ 1605	1	1	2	106
87	HCUBS50	209215 08/21/97	ZAP Express	97	865	1	865	88	88	~~1034~~ 1035	1	34	35	38
88	HCUCK44	209853 05/07/98	ZAP Express	98	1139	573	1133	593	593	~~1035~~ 1036	1	30	31	60
89	HCUEO60	209215 08/21/97	ZAP Express	99	1222	1	1222	102	102	~~1036~~ 1037	1	34	35	64
90	HCUHK65	209641 02/25/98	ZAP Express	100	367	1	367	80	80	~~1037~~ 1038	1	26	27	79
90	HCUHK65	209641 02/25/98	ZAP Express	~~667~~ 668	3113	2577	2946	770	770	~~1604~~ 1606	1	30	31	708
91	HCUIM65	209324 10/02/97	ZAP Express	101	875	331	736	557	557	~~1038~~ 1039	1	27	28	47
92	HCWEB58	PTA-883 10/28/99	ZAP Express	102	1283	1	1283	148	148	~~1039~~ 1040	1	27	28	343
92	HCWEB58	PTA-883 10/28/99	ZAP Express	~~668~~ 669	980	1	980	247	247	~~1605~~ 1607	1	27	28	244

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92	HCWEB58	PTA-883 10/28/99	ZAP Express	~~669~~ 670	888	1	888	155	155	~~1606~~ 1608	1	27	28	244
93	HCWGU37	PTA-883 10/28/99	ZAP Express	103	2777	1	2777	194	194	~~1040~~ 1041	1			10
93	HCWGU37	PTA-883 10/28/99	ZAP Express	~~670~~ 671	1651	1	1651	187	187	~~1607~~ 1609	1			10
94	HCWKC15	209324 10/02/97	ZAP Express	104	710	1	710	37	37	~~1041~~ 1042	1	18	19	40
95	HCWLD74	209626 02/12/98	ZAP Express	105	1540	1	1540	138	138	~~1042~~ 1043	1	21	22	65
96	HCWUM50	209627 02/12/98	ZAP Express	106	1428	208	1428	270	270	~~1043~~ 1044	1	30	31	45
97	HCYBG92	209563 12/18/97	~~pBluescriptpB~~ LUESCRIPT™ SK-	107	3061	1	2661	118	118	~~1044~~ 1045	1	21	22	274
98	HDABR72	209965 06/11/98	pSport1	108	1691	1	1691	33	33	~~1045~~ 1046	1	29	30	146
98	HDABR72	209965 06/11/98	pSport1	~~671~~ 672	1746	1	1746	28	28	~~1608~~ 1610	1	29	30	146
99	HDHEB60	209215 08/21/97	pCMVSport 2.0	109	1421	235	1421	568	568	~~1046~~ 1047	1	24	25	108
100	HDHIA94	209627 02/12/98	pCMVSport 2.0	110	1489	1	1489	154	154	~~1047~~ 1048	1	30	31	168
100	HDHIA94	209627 02/12/98	pCMVSport 2.0	~~672~~ 673	2492	1	2492	163	163	~~1609~~ 1611	1	30	31	48

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
101	HDHMA72	209324 10/02/97	pCMVSport 2.0	111	4463	216	2158	287	287	~~1048~~ 1049	1	36	37	315
102	HDLAC10	209745 04/07/98	pCMVSport 2.0	112	1477	1	1477	132	132	~~1049~~ 1050	1	29	30	81
103	HDLAO28	PTA-499 08/11/99	pCMVSport 2.0	113	1984	1	1984	259	259	~~1050~~ 1051	1	21	22	76
104	HDPBI32	209853 05/07/98	pCMVSport 3.0	114	1513	1	1513	37	37	~~1051~~ 1052	1	315	316	316
104	HDPBI32	209853 05/07/98	pCMVSport 3.0	~~673~~ 674	1579	598	1184	103	103	~~1610~~ 1612	1	30	31	271
104	HDPBI32	209853 05/07/98	pCMVSport 3.0	~~674~~ 675	587	1	587	51	51	~~1611~~ 1613	1	35	36	138
105	HDPBQ71	209877 05/18/98	pCMVSport 3.0	115	2312	1	2312	93	93	~~1052~~ 1053	1	33	34	612
105	HDPBQ71	209877 05/18/98	pCMVSport 3.0	~~675~~ 676	2242	6	2242	24	24	~~1612~~ 1614	1	33	34	612
105	HDPBQ71	209877 05/18/98	pCMVSport 3.0	~~676~~ 677	2381	146	2381	165	165	~~1613~~ 1615	1	33	34	456
106	HDPCJ91	209877 05/18/98	pCMVSport 3.0	116	6107	1	6107	131	131	~~1053~~ 1054	1	28	29	51
107	HDPCO25	209125 06/19/97	pCMVSport 3.0	117	767	76	767	182	182	~~1054~~ 1055	1	20	21	53
108	HDPCY37	209568 01/06/98	pCMVSport 3.0	118	1932	45	1932	76	76	~~1055~~ 1056	1	21	22	578
108	HDPCY37	209568 01/06/98	pCMVSport 3.0	~~677~~ 678	1931	45	1931	76	76	~~1614~~ 1616	1	21	22	264

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
109	HDPFB02	PTA-622 09/02/99	pCMVSport 3.0	119	3436	1	3436	173	173	~~1056~~ 1057	1	19	20	152
109	HDPFB02	PTA-622 09/02/99	pCMVSport 3.0	~~678~~ 679	1517	1	1517	139	139	~~1615~~ 1617	1	28	29	316
109	HDPFB02	PTA-622 09/02/99	pCMVSport 3.0	~~679~~ 680	2751	1976	2751	218	218	~~1616~~ 1618	1	18	19	302
110	HDPFF39	209511 12/03/97	pCMVSport 3.0	120	1256	1	1256	175	175	~~1057~~ 1058	1	18	19	196
111	HDPFP29	209626 02/12/98	pCMVSport 3.0	121	1057	1	1057	293	293	~~1058~~ 1059	1	30	31	52
112	HDPGI49	203070 07/27/98	pCMVSport 3.0	122	2683	1	2640	266	266	~~1059~~ 1060	1	29	30	72
113	HDPGP94	203364 10/19/98	pCMVSport 3.0	123	3881	1	3881	256	256	~~1060~~ 1061	1	18	19	74
114	HDPHI51	209125 06/19/97	pCMVSport 3.0	124	728	1	728	245	245	~~1061~~ 1062	1	30	31	40
115	HDPJF37	209852 05/07/98	pCMVSport 3.0	125	986	1	986	196	196	~~1062~~ 1063	1	23	24	57
116	HDPMM88	PTA-848 10/13/99	pCMVSport 3.0	126	4893	1	4893	100	100	~~1063~~ 1064	1	37	38	937
116	HDPMM88	PTA-848 10/13/99	pCMVSport 3.0	~~680~~ 681	468	1	468	141	141	~~1617~~ 1619	1	20	21	109
116	HDPMM88	PTA-848 10/13/99	pCMVSport 3.0	~~681~~ 682	181	1	181		44	~~1618~~ 1620	1	7	8	46
116	HDPMM88	PTA-848 10/13/99	pCMVSport 3.0	~~682~~ 683	612	1	612		419	~~1619~~ 1621	1			6

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
116	HDPMM88	PTA-848 10/13/99	pCMVSport 3.0	~~683~~ 684	1024	1	1024		111	~~1620~~ 1622	1	5	6	11
116	HDPMM88	PTA-848 10/13/99	pCMVSport 3.0	~~684~~ 685	366	18	321		167	~~1621~~ 1623	1	1	2	56
116	HDPMM88	PTA-848 10/13/99	pCMVSport 3.0	~~685~~ 686	519	1	519		28	~~1622~~ 1624	1	1	2	53
117	HDPNC61	209627 02/12/98	pCMVSport 3.0	127	1410	1	1410	20	20	~~1064~~ 1065	1	22	23	94
118	HDPND46	209627 02/12/98	pCMVSport 3.0	128	1727	1	1727	15	15	~~1065~~ 1066	1	22	23	484
119	HDPOE32	PTA-622 09/02/99	pCMVSport 3.0	129	1353	1	1353	118	118	~~1066~~ 1067	1	34	35	151
120	HDPOH06	209745 04/07/98	pCMVSport 3.0	130	2504	1	2504	252	252	~~1067~~ 1068	1	29	30	242
121	HDPOZ56	209889 05/22/98	pCMVSport 3.0	131	1905	1	1905	91	91	~~1068~~ 1069	1	21	22	567
121	HDPOZ56	209889 05/22/98	pCMVSport 3.0	~~686~~ 687	1867	415	1867	103	103	~~1623~~ 1625	1	21	22	566
121	HDPOZ56	209889 05/22/98	pCMVSport 3.0	~~687~~ 688	1722	1	1722	59	59	~~1624~~ 1626	1	21	22	319
122	HDPSP54	209782 04/20/98	pCMVSport 3.0	132	3091	2304	3091	2356	2356	~~1069~~ 1070	1	18	19	48
122	HDPSP54	209782 04/20/98	pCMVSport 3.0	~~688~~ 689	536	1	536	179	179	~~1625~~ 1627	1	41	42	55
123	HDPTD15	209782 04/20/98	pCMVSport 3.0	133	1396	1	1396	223	223	~~1070~~ 1071	1	18	19	200

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
124	HDPTK41	209965 06/11/98	pCMVSport 3.0	134	1564	1	1564	39	39	~~1071~~ 1072	1	26	27	369
125	HDPUG50	209745 04/07/98	pCMVSport 3.0	135	1734	1	1734	22	22	~~1072~~ 1073	1	34	35	526
126	HDPUH26	PTA-163 06/01/99	pCMVSport 3.0	136	2916	1	2916	90	90	~~1073~~ 1074	1	18	19	549
127	HDPUW68	203331 10/08/98	pCMVSport 3.0	137	1748	1	1748	40	40	~~1074~~ 1075	1	18	19	467
128	HDPVH60	203105 08/13/98	pCMVSport 3.0	138	3116	1	3100	8	8	~~1075~~ 1076	1	45	46	51
129	HDPVW11	PTA-869 10/26/99	pCMVSport 3.0	139	2339	1	2339	67	67	~~1076~~ 1077	1	28	29	455
129	HDPVW11	PTA-869 10/26/99	pCMVSport 3.0	~~689~~ 690	397	1	397	50	50	~~1626~~ 1628	1	28	29	99
130	HDPWN93	PTA-868 10/26/99	pCMVSport 3.0	140	2679	1	2669	45	45	~~1077~~ 1078	1	19	20	802
130	HDPWN93	PTA-868 10/26/99	pCMVSport 3.0	~~690~~ 691	716	1	716	35	35	~~1627~~ 1629	1	19	20	214
130	HDPWN93	PTA-868 10/26/99	pCMVSport 3.0	~~691~~ 692	2716	26	2716	27	27	~~1628~~ 1630	1	19	20	43
131	HDPWU34	209782 04/20/98	pCMVSport 3.0	141	1277	860	1277	117	117	~~1078~~ 1079	1	23	24	325
131	HDPWU34	209782 04/20/98	pCMVSport 3.0	~~692~~ 693	427	1	427	111	111	~~1629~~ 1631	1	16	17	44
132	HDQHD03	203570 01/11/99	pCMVSport 3.0	142	1266	1	1266	274	274	~~1079~~ 1080	1	20	21	331

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
132	HDQHD03	203570 01/11/99	pCMVSport 3.0	~~693~~ 694	1257	1	1257	259	259	~~1630~~ 1632	1	20	21	333
133	HDTBD53	PTA-848 10/13/99	pCMVSport 2.0	143	2803	1	2803	288	288	~~1080~~ 1081	1	22	23	365
133	HDTBD53	PTA-848 10/13/99	pCMVSport 2.0	~~694~~ 695	3302	1	2718	292	292	~~1631~~ 1633	1	22	23	365
134	HDTBP04	209300 09/25/97	pCMVSport 2.0	144	961	1	961	70	70	~~1081~~ 1082	1	15	16	219
134	HDTBP04	209300 09/25/97	pCMVSport 2.0	~~695~~ 696	959	1	959	65	65	~~1632~~ 1634	1	15	16	220
135	HDTDQ23	209965 06/11/98	pCMVSport 2.0	145	2207	1	2207	132	132	~~1082~~ 1083	1	20	21	56
135	HDTDQ23	209965 06/11/98	pCMVSport 2.0	~~696~~ 697	2227	1	2206	148	148	~~1633~~ 1635	1	20	21	108
135	HDTDQ23	209965 06/11/98	pCMVSport 2.0	~~697~~ 698	2214	1	2206	148	148	~~1634~~ 1636	1	20	21	73
136	HDTEK44	PTA-867 10/26/99	pCMVSport 2.0	146	2070	20	2070		691	~~1083~~ 1084	1	12	13	83
136	HDTEK44	PTA-867 10/26/99	pCMVSport 2.0	~~698~~ 699	1005	1	1005	175	175	~~1635~~ 1637	1	17	18	67
136	HDTEK44	PTA-867 10/26/99	pCMVSport 2.0	~~699~~ 700	2988	1	2988	116	116	~~1636~~ 1638	1	17	18	67
136	HDTEK44	PTA-867 10/26/99	pCMVSport 2.0	~~700~~ 701	2052	2	2052		673	~~1637~~ 1639	1	12	13	83
137	HDTEN81	209463 11/14/97	pCMVSport 2.0	147	566	1	566	114	114	~~1084~~ 1085	1	17	18	85

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
138	HDTFE17	PTA-868 10/26/99	pCMVSport 2.0	148	1242	1	1242	260	260	~~1085~~ 1086	1	20	21	29
138	HDTFE17	PTA-868 10/26/99	pCMVSport 2.0	~~701~~ 702	628	1	628	251	251	~~1638~~ 1640	1	20	21	29
138	HDTFE17	PTA-868 10/26/99	pCMVSport 2.0	~~702~~ 703	923	29	903		101	~~1639~~ 1641	1	6	7	80
139	HDTGC73	209627 02/12/98	pCMVSport 2.0	149	712	1	712	386	386	~~1086~~ 1087	1	31	32	49
140	HDTIT10	203570 01/11/99	pCMVSport 2.0	150	1200	1	813	58	58	~~1087~~ 1088	1	56	57	297
140	HDTIT10	203570 01/11/99	pCMVSport 2.0	~~703~~ 704	1159	1	805	161	161	~~1640~~ 1642	1	30	31	56
141	HDTMK50	PTA-884 10/28/99	pCMVSport 2.0	151	1352	1	1352	154	154	~~1088~~ 1089	1	21	22	51
141	HDTMK50	PTA-884 10/28/99	pCMVSport 2.0	~~704~~ 705	912	1	912	164	164	~~1641~~ 1643	1	21	22	51
141	HDTMK50	PTA-884 10/28/99	pCMVSport 2.0	~~705~~ 706	321	1	321		200	~~1642~~ 1644	1			1
142	HE2DY70	209877 05/18/98	Uni-ZAP XR	152	639	1	639	137	137	~~1089~~ 1090	1	45	46	58
143	HE2EB74	209225 08/28/97	Uni-ZAP XR	153	1434	311	1418	507	507	~~1090~~ 1091	1	15	16	19
144	HE2EN04	209300 09/25/97	Uni-ZAP XR	154	370	1	370	57	57	~~1091~~ 1092	1	16	17	50

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145	HE2FV03	97955 03/13/97 209074 05/22/97	Uni-ZAP XR	155	2067	1	1251	116	116	~~1092~~ 1093	1	21	22	42
146	HE2NV57	209877 05/18/98	Uni-ZAP XR	156	867	1	867	99	99	~~1093~~ 1094	1	36	37	99
147	HE2PD49	209627 02/12/98	Uni-ZAP XR	157	1422	257	1404	337	337	~~1094~~ 1095	1	18	19	171
148	HE2PY40	209965 06/11/98	Uni-ZAP XR	158	1288	1	1288	147	147	~~1095~~ 1096	1	22	23	83
149	HE6EU50	97975 04/04/97 209081 05/29/97	Uni-ZAP XR	159	1152	117	686	237	237	~~1096~~ 1097	1	20	21	34
150	HE8DS15	PTA-1544 03/21/00	Uni-ZAP XR	160	2199	1	2199	91	91	~~1097~~ 1098	1	24	25	72
151	HE8MH91	209603 01/29/98	Uni-ZAP XR	161	1761	1	1761	63	63	~~1098~~ 1099	1	23	24	116
152	HE8QV67	PTA-2072 06/09/00	Uni-ZAP XR	162	1999	643	1999	502	502	~~1099~~ 1100	1	49	50	80
152	HE8QV67	PTA-2072 06/09/00	Uni-ZAP XR	~~706~~ 707	2342	1956	2276		256	~~1643~~ 1645	1	1	2	415
153	HE9BK23	209683 03/20/98	Uni-ZAP XR	163	1636	1	1636	39	39	~~1100~~ 1101	1	21	22	309
154	HE9CP41	209368 10/16/97	Uni-ZAP XR	164	1392	1	1392	132	132	~~1101~~ 1102	1	20	21	41

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155	HE9DG49	97923 03/07/97 209071 05/22/97	Uni-ZAP XR	165	717	1	717	70	70	~~1102~~ 1103	1	28	29	201
155	HE9DG49	97923 03/07/97 209071 05/22/97	Uni-ZAP XR	~~707~~ 708	717	1	717	70	70	~~1644~~ 1646	1	27	28	201
155	HE9DG49	97923 03/07/97 209071 05/22/97	Uni-ZAP XR	~~708~~ 709	713	17	713	78	78	~~1645~~ 1647	1	28	29	203
156	HE9HY07	209010 04/28/97 209085 05/29/97	Uni-ZAP XR	166	832	1	832	35	35	~~1103~~ 1104	1	26	27	41
157	HE9NN84		Uni-ZAP XR	167	734	1	734	380	380	~~1104~~ 1105	1	38	39	53
158	HE9OW20	203570 01/11/99	Uni-ZAP XR	168	1209	1	1209	129	129	~~1105~~ 1106	1	33	34	355
158	HE9OW20	203570 01/11/99	Uni-ZAP XR	~~709~~ 710	1165	1	1165	136	136	~~1646~~ 1648	1	30	31	313
158	HE9OW20	203570 01/11/99	Uni-ZAP XR	~~710~~ 711	1160	1	1160	129	129	~~1647~~ 1649	1	30	31	134
159	HE9RM63	PTA-499 08/11/99	Uni-ZAP XR	169	2149	1	2149	82	82	~~1106~~ 1107	1	27	28	354

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
160	HEAAR07	209346 10/09/97	Uni-ZAP XR	170	1084	1	1084	48	48	~~1107~~ 1108	1	31	32	42
161	HEBAE88	209242 09/12/97	Uni-ZAP XR	171	582	1	582	160	160	~~1108~~ 1109	1	26	27	42
162	HEBBN36	209141 07/09/97	Uni-ZAP XR	172	1046	470	1046	645	645	~~1109~~ 1110	1	29	30	53
163	HEBCM63	209141 07/09/97	Uni-ZAP XR	173	558	1	558	246	246	~~1110~~ 1111	1	26	27	68
164	HEBEJ18	203069 07/27/98	Uni-ZAP XR	174	685	7	649	51	51	~~1111~~ 1112	1	15	16	139
165	HEEAG23	209745 04/07/98	Uni-ZAP XR	175	1669	25	1280	57	57	~~1112~~ 1113	1	18	19	46
166	HEEAJ02	209627 02/12/98	Uni-ZAP XR	176	1038	148	1037	387	387	~~1113~~ 1114	1	40	41	125
167	HEEAQ11	203071 07/27/98	Uni-ZAP XR	177	921	1	921	213	213	~~1114~~ 1115	1	28	29	147
168	HEEBI05	PTA-2076 06/09/00	Uni-ZAP XR	178	894	1	894	146	146	~~1115~~ 1116	1	22	23	159
168	HEEBI05	PTA-2076 06/09/00	Uni-ZAP XR	~~711~~ 712	979	88	979	226	226	~~1648~~ 1650	1	22	23	159
169	HEGAH43	209277 09/18/97	Uni-ZAP XR	179	442	1	442	29	29	~~1116~~ 1117	1	20	21	111
170	HEGAN94	203071 07/27/98	Uni-ZAP XR	180	582	1	582	52	52	~~1117~~ 1118	1	23	24	121
170	HEGAN94	203071 07/27/98	Uni-ZAP XR	~~712~~ 713	680	1	680	133	133	~~1649~~ 1651	1	23	24	121

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171	HEGBS69	PTA-2082 06/09/00	Uni-ZAP XR	181	809	1	809	260	260	~~1118~~ 1119	1	20	21	161
171	HEGBS69	PTA-2082 06/09/00	Uni-ZAP XR	~~713~~ 714	1188	1	807	253	253	~~1650~~ 1652	1	20	21	161
172	HELGK31	209878 05/18/98	Uni-ZAP XR	182	1396	25	1334	209	209	~~1119~~ 1120	1	29	30	344
172	HELGK31	209878 05/18/98	Uni-ZAP XR	~~714~~ 715	1342	68	1342	402	402	~~1651~~ 1653	1	1	2	291
173	HELHD85	PTA-1544 03/21/00	Uni-ZAP XR	183	1886	1	1886	41	41	~~1120~~ 1121	1	25	26	79
174	HELHL48	209877 05/18/98	Uni-ZAP XR	184	2971	560	2557	629	629	~~1121~~ 1122	1	16	17	291
174	HELHL48	209877 05/18/98	Uni-ZAP XR	~~715~~ 716	1955	1	1955	31	31	~~1652~~ 1654	1	16	17	184
175	HEMAM41	209010 04/28/97 209085 05/29/97	Uni-ZAP XR	185	1337	60	1328	175	175	~~1122~~ 1123	1	39	40	190
175	HEMAM41	209010 04/28/97 209085 05/29/97	Uni-ZAP XR	~~716~~ 717	1338	33	1327	175	175	~~1653~~ 1655	1	32	33	91
176	HEPAA46	209551 12/12/97	Uni-ZAP XR	186	1129	1	1129	18	18	~~1123~~ 1124	1	20	21	123
177	HEPAB80	209423 10/30/97	Uni-ZAP XR	187	799	1	799	73	73	~~1124~~ 1125	1	28	29	121

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177	HEPAB80	209423 10/30/97	Uni-ZAP XR	~~717~~ 718	802	1	802	67	67	~~1654~~ 1656	1	28	29	122
178	HEQAK71	209551 12/12/97	pCMVSport 3.0	188	1689	1	1689	198	198	~~1125~~ 1126	1	17	18	44
179	HERAR44	209407 10/23/97	Uni-ZAP XR	189	420	1	420	60	60	~~1126~~ 1127	1	40	41	45
180	HESAJ10	209242 09/12/97	Uni-ZAP XR	190	1090	400	1090	405	405	~~1127~~ 1128	1	23	24	71
181	HETAB45	209580 01/14/98	Uni-ZAP XR	191	1676	1	1676	123	123	~~1128~~ 1129	1	30	31	179
182	HETBR16	209877 05/18/98	Uni-ZAP XR	192	1569	1	1569	161	161	~~1129~~ 1130	1	21	22	64
183	HETLM70	PTA-2073 06/09/00	Uni-ZAP XR	193	1251	1	1199	336	336	~~1130~~ 1131	1	27	28	229
183	HETLM70	PTA-2073 06/09/00	Uni-ZAP XR	~~718~~ 719	1251	1	1251	336	336	~~1655~~ 1657	1	27	28	229
183	HETLM70	PTA-2073 06/09/00	Uni-ZAP XR	~~719~~ 720	517	161	517		2	~~1656~~ 1658	1	1	2	85
184	HFABG18	PTA-1544 03/21/00	Uni-ZAP XR	194	1345	1	1345	53	53	~~1131~~ 1132	1	26	27	87
185	HFAMB72	209146 07/17/97	Uni-ZAP XR	195	1323	509	1323	559	559	~~1132~~ 1133	1	22	23	60
186	HFAMH77	209300 09/25/97	Uni-ZAP XR	196	669	96	669	240	240	~~1133~~ 1134	1	33	34	61
187	HFCCQ50	209463 11/14/97	Uni-ZAP XR	197	1271	1	1271	47	47	~~1134~~ 1135	1	20	21	352

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
188	HFCEW05	209603 01/29/98	Uni-ZAP XR	198	933	1	933	34	34	~~1135~~ 1136	1	18	19	209
189	HFFAD59	209242 09/12/97	Lambda ZAP II	199	470	1	470	44	44	~~1136~~ 1137	1	17	18	45
190	HFFAL36	209368 10/16/97	Lambda ZAP II	200	1020	1	1020	68	68	~~1137~~ 1138	1	35	36	56
191	HFGAD82	209225 08/28/97	Uni-ZAP XR	201	1881	772	1861	1019	1019	~~1138~~ 1139	1	18	19	38
192	HFIIZ70	PTA-846 10/13/99	pSport1	202	1408	1	1408	24	24	~~1139~~ 1140	1	23	24	47
192	HFIIZ70	PTA-846 10/13/99	pSport1	~~720~~ 721	1441	43	1441	74	74	~~1657~~ 1659	1	23	24	47
193	HFKET18	PTA-622 09/02/99	Uni-ZAP XR	203	2407	1	2407	137	137	~~1140~~ 1141	1	14	15	74
194	HFKFG02	209627 02/12/98	Uni-ZAP XR	204	795	1	795	110	110	~~1141~~ 1142	1	18	19	53
195	HFOXB13	209423 10/30/97	pSport1	205	1169	1	1169	36	36	~~1142~~ 1143	1	21	22	54
196	HFPAC12	209511 12/03/97	Uni-ZAP XR	206	1088	1	1088	140	140	~~1143~~ 1144	1	21	22	88
197	HFPAO71	209626 02/12/98	Uni-ZAP XR	207	2067	364	2067	414	414	~~1144~~ 1145	1	33	34	131
198	HFPCX09	209551 12/12/97	Uni-ZAP XR	208	2213	1	2213	185	185	~~1145~~ 1146	1	26	27	549
198	HFPCX09	209551 12/12/97	Uni-ZAP XR	~~721~~ 722	2674	59	2674	249	249	~~1658~~ 1660	1	26	27	549

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198	HFPCX09	209551 12/12/97	Uni-ZAP XR	~~722~~ 723	2207	1	2207	185	185	~~1659~~ 1661	1	26	27	66
199	HFPCX36	209242 09/12/97	Uni-ZAP XR	209	796	1	796	103	103	~~1146~~ 1147	1	27	28	46
200	HFRAN90	209242 09/12/97	Uni-ZAP XR	210	532	1	532	178	178	~~1147~~ 1148	1	33	34	54
201	HFTCU19	209119 06/12/97	Uni-ZAP XR	211	1575	1266	1575	137	137	~~1148~~ 1149	1	30	31	222
201	HFTCU19	209119 06/12/97	Uni-ZAP XR	~~723~~ 724	470	1	470	157	157	~~1660~~ 1662	1	24	25	56
202	HFTDL56	209782 04/20/98	Uni-ZAP XR	212	1839	32	1838	93	93	~~1149~~ 1150	1	20	21	519
203	HFTDZ36	209300 09/25/97	Uni-ZAP XR	213	1103	231	1103	547	547	~~1150~~ 1151	1	22	23	68
204	HFVAB79	209368 10/16/97	Uni-ZAP XR	214	1175	1	1175	133	133	~~1151~~ 1152	1	15	16	194
204	HFVAB79	209368 10/16/97	Uni-ZAP XR	~~724~~ 725	1186	1	1186	139	139	~~1661~~ 1663	1	15	16	194
205	HFVGE32	PTA-844 10/13/99	~~pBluescriptpB~~ LUESCRIPT™	215	572	1	572	154	154	~~1152~~ 1153	1	32	33	79
205	HFVGE32	PTA-844 10/13/99	~~pBluescriptpB~~ LUESCRIPT™	~~725~~ 726	470	2	470		1	~~1662~~ 1664	1	1	2	67

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
206	HFVIC62	203105 08/13/98	~~pBluescriptpB~~LUESCRIPT™	216	1350	1	1350	114	114	~~1153~~ 1154	1	31	32	56
207	HFXAM76	209568 01/06/98	Lambda ZAP II	217	947	1	947	213	213	~~1154~~ 1155	1	24	25	79
208	HFXDJ75	209603 01/29/98	Lambda ZAP II	218	1918	1	1914	44	44	~~1155~~ 1156	1	26	27	41
209	HFXDN63	209346 10/09/97	Lambda ZAP II	219	1026	1	1026	33	33	~~1156~~ 1157	1	14	15	53
210	HFXGT26	209965 06/11/98	Lambda ZAP II	220	1757	1	1757	13	13	~~1157~~ 1158	1	22	23	85
211	HFXGV31	209242 09/12/97	Lambda ZAP II	221	752	1	752	100	100	~~1158~~ 1159	1	24	25	64
212	HFXHD88	209511 12/03/97	Lambda ZAP II	222	1602	1	1602	130	130	~~1159~~ 1160	1	41	42	128
213	HFXHK73	209580 01/14/98	Lambda ZAP II	223	1873	1	1873	247	247	~~1160~~ 1161	1	36	37	67
214	HFXKJ03	209215 08/21/97	Lambda ZAP II	224	941	1	941	179	179	~~1161~~ 1162	1	33	34	41
215	HFXKT05	209651 03/04/98	Lambda ZAP II	225	1715	1	1715	204	204	~~1162~~ 1163	1	18	19	79
216	HFXKY27	209877 05/18/98	Lambda ZAP II	226	945	1	945	44	44	~~1163~~ 1164	1	19	20	58
217	HGBFO79	209011 04/28/97	Uni-ZAP XR	227	1538	259	1538	273	273	~~1164~~ 1165	1	23	24	49

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
218	HGBHE57	209407 10/23/97	Uni-ZAP XR	228	663	1	663	14	14	~~1165~~ 1166	1	19	20	68
219	HGBIB74	203648 02/09/99	Uni-ZAP XR	229	1816	1	1804	14	14	~~1166~~ 1167	1	23	24	377
219	HGBIB74	203648 02/09/99	Uni-ZAP XR	~~726~~ 727	1821	1	1821	28	28	~~1663~~ 1665	1	20	21	170
219	HGBIB74	203648 02/09/99	Uni-ZAP XR	~~727~~ 728	1094	1	1094		2	~~1664~~ 1666	1	1	2	151
220	HGLAL82	209242 09/12/97	Uni-ZAP XR	230	406	1	406	144	144	~~1167~~ 1168	1	19	20	26
221	HHAAF20	203648 02/09/99	Uni-ZAP XR	231	1495	1	1495	141	141	~~1168~~ 1169	1	18	19	55
222	HHBCS39	PTA-848 10/13/99	pCMVSport 1	232	2895	1	2895	104	104	~~1169~~ 1170	1	26	27	166
222	HHBCS39	PTA-848 10/13/99	pCMVSport 1	~~728~~ 729	1042	1	1042	150	150	~~1665~~ 1667	1	26	27	166
222	HHBCS39	PTA-848 10/13/99	pCMVSport 1	~~729~~ 730	1556	171	1556		1260	~~1666~~ 1668	1	16	17	26
223	HHEAA08	209853 05/07/98	pCMVSport 3.0	233	2150	1	2150	88	88	~~1170~~ 1171	1	38	39	79
223	HHEAA08	209853 05/07/98	pCMVSport 3.0	~~730~~ 731	615	1	615		311	~~1667~~ 1669	1	13	14	20
224	HHEMA59	203364 10/19/98	pCMVSport 3.0	234	3102	1	3099	239	239	~~1171~~ 1172	1	20	21	76
225	HHEMA75	209179 07/24/97	pCMVSport 3.0	235	865	229	865	569	569	~~1172~~ 1173	1	35	36	84

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
226	HHEMM74	PTA-849 10/13/99	pCMVSport 3.0	236	2612	1	2612	94	94	~~1173~~ 1174	1	27	28	74
226	HHEMM74	PTA-849 10/13/99	pCMVSport 3.0	~~731~~ 732	1125	1	1125	121	121	~~1668~~ 1670	1	27	28	74
226	HHEMM74	PTA-849 10/13/99	pCMVSport 3.0	~~732~~ 733	2297	1425	2297		706	~~1669~~ 1671	1	6	7	33
226	HHEMM74	PTA-849 10/13/99	pCMVSport 3.0	~~733~~ 734	482	33	482		7	~~1670~~ 1672	1	13	14	53
227	HHENQ22	209511 12/03/97	pCMVSport 3.0	237	1899	1	1899	115	115	~~1174~~ 1175	1	36	37	58
228	HHEPD24	209195 08/01/97	pCMVSport 3.0	238	238	1	238	156	156	~~1175~~ 1176	1	23	24	27
229	HHEPM33	PTA-322 07/09/99	pCMVSport 3.0	239	1459	1	1459	269	269	~~1176~~ 1177	1	20	21	82
230	HHEPT60	209138 07/03/97	pCMVSport 3.0	240	532	21	532	245	245	~~1177~~ 1178	1	18	19	36
231	HHEPU04	203648 02/09/99	pCMVSport 3.0	241	1084	116	1084	259	259	~~1178~~ 1179	1	31	32	163
231	HHEPU04	203648 02/09/99	pCMVSport 3.0	~~734~~ 735	1081	124	1081	267	267	~~1671~~ 1673	1	31	32	163
231	HHEPU04	203648 02/09/99	pCMVSport 3.0	~~735~~ 736	720	1	720	45	45	~~1672~~ 1674	1	31	32	92
232	HHFBY53	203364 10/19/98	Uni-ZAP XR	242	870	1	870	172	172	~~1179~~ 1180	1	18	19	64
233	HHFEC49	PTA-844 10/13/99	Uni-ZAP XR	243	2263	1	2263	30	30	~~1180~~ 1181	1	24	25	184

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
234	HHFFJ48	209627 02/12/98	Uni-ZAP XR	244	2566	1	2566	65	65	~~1181~~ 1182	1	21	22	106
235	HHFGR93	209746 04/07/98	Uni-ZAP XR	245	1835	1	1835	132	132	~~1182~~ 1183	1	29	30	390
235	HHFGR93	209746 04/07/98	Uni-ZAP XR	~~736~~ 737	1932	1	1836	130	130	~~1673~~ 1675	1	29	30	236
236	HHFHJ59	97975 04/04/97 209081 05/29/97	Uni-ZAP XR	246	661	1	661	192	192	~~1183~~ 1184	1	29	30	112
237	HHFHR32	97975 04/04/97 209081 05/29/97	Uni-ZAP XR	247	1378	1	1378	58	58	~~1184~~ 1185	1	25	26	235
238	HHFOJ29	PTA-2075 06/09/00	Uni-ZAP XR	248	1366	1	1366	117	117	~~1185~~ 1186	1	31	32	82
238	HHFOJ29	PTA-2075 06/09/00	Uni-ZAP XR	~~737~~ 738	1595	513	1595	132	132	~~1674~~ 1676	1	19	20	95
238	HHFOJ29	PTA-2075 06/09/00	Uni-ZAP XR	~~738~~ 739	970	272	970		62	~~1675~~ 1677	1	1	2	152
239	HHGBO91	209242 09/12/97	Lambda ZAP II	249	715	1	715	140	140	~~1186~~ 1187	1	28	29	49
240	HHGCM76	97958 03/13/97 209072 05/22/97	Lambda ZAP II	250	711	8	711	270	270	~~1187~~ 1188	1	22	23	89

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
240	HHGCM76	97958 03/13/97 209072 05/22/97	Lambda ZAP II	~~239~~ 740	711	8	711	270	270	~~1676~~ 1678	1			11
241	HHGCQ54	209300 09/25/97	Lambda ZAP II	251	875	1	875	62	62	~~1188~~ 1189	1	15	16	51
242	HHGDF16	209463 11/14/97	Lambda ZAP II	252	890	215	890	253	253	~~1189~~ 1190	1	26	27	52
243	HHGDW43	209346 10/09/97	Lambda ZAP II	253	1050	1	1050	107	107	~~1190~~ 1191	1	40	41	44
244	HHPDX20	209580 01/14/98	Uni-ZAP XR	254	1161	1	1161	174	174	~~1191~~ 1192	1	30	31	66
245	HHPGO40	209878 05/18/98	Uni-ZAP XR	255	1002	1	1002	116	116	~~1192~~ 1193	1	26	27	295
245	HHPGO40	209878 05/18/98	Uni-ZAP XR	~~740~~ 741	973	1	973	68	68	~~1677~~ 1679	1	37	38	302
245	HHPGO40	209878 05/18/98	Uni-ZAP XR	~~741~~ 742	984	1	984	74	74	~~1678~~ 1680	1	37	38	224
246	HHPTJ65	209179 07/24/97	Uni-ZAP XR	256	515	1	515	247	247	~~1193~~ 1194	1	32	33	48
247	HHSDX28	209346 10/09/97	Uni-ZAP XR	257	1113	1	1113	90	90	~~1194~~ 1195	1	21	22	56
248	HILCF66	209627 02/12/98	~~pBluescriptpB~~ LUESCRIPT™ SK-	258	1668	740	1668	331	331	~~1195~~ 1196	1	21	22	44

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
249	HJACG02	209215 08/21/97	~~pBluescriptpB~~LUESCRIPT™ SK-	259	575	1	575	66	66	~~1196~~ 1197	1	22	23	108
249	HJACG02	209215 08/21/97	~~pBluescriptpB~~LUESCRIPT™ SK-	~~742~~ 743	553	1	553	47	47	~~1679~~ 1681	1	23	24	108
250	HJACG30	PTA-843 10/13/99	~~pBluescriptpB~~LUESCRIPT™ SK-	260	1532	1	1532	291	291	~~1197~~ 1198	1	27	28	44
250	HJACG30	PTA-843 10/13/99	~~pBluescriptpB~~LUESCRIPT™ SK-	~~743~~ 744	1614	1020	1614		50	~~1680~~ 1682	1	1	2	130
250	HJACG30	PTA-843 10/13/99	~~pBluescriptpB~~LUESCRIPT™ SK-	~~744~~ 745	1087	491	1087		350	~~1681~~ 1683	1	1	2	122
251	HJBCU04	PTA-322 07/09/99	~~pBluescriptpB~~LUESCRIPT™ SK-	261	1192	1	1192	96	96	~~1198~~ 1199	1	49	50	176
252	HJBCY35	209877 05/18/98	~~pBluescriptpB~~LUESCRIPT™ SK-	262	1559	93	1272	232	232	~~1199~~ 1200	1	23	24	327
253	HJMBI18	209580 01/14/98	pCMVSport 3.0	263	1021	303	1021	574	574	~~1200~~ 1201	1	19	20	80
254	HJMBM38	209300 09/25/97	pCMVSport 3.0	264	1024	316	1023	387	387	~~1201~~ 1202	1	14	15	112

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
255	HJMBT65	209580 01/14/98	pCMVSport 3.0	265	621	79	621	341	341	~~1202~~ 1203	1	33	34	42
256	HJMBW30	209146 07/17/97	pCMVSport 3.0	266	884	1	874	110	110	~~1203~~ 1204	1	18	19	42
257	HJPAD75	209641 02/25/98	Uni-ZAP XR	267	1231	1	1231	60	60	~~1204~~ 1205	1	29	30	91
258	HJPCP42	PTA-843 10/13/99	Uni-ZAP XR	268	1223	1	1223		156	~~1205~~ 1206	1	20	21	223
258	HJPCP42	PTA-843 10/13/99	Uni-ZAP XR	~~745~~ 746	1201	1	1201		134	~~1682~~ 1684	1	20	21	223
258	HJPCP42	PTA-843 10/13/99	Uni-ZAP XR	~~746~~ 747	628	229	628		468	~~1683~~ 1685	1			8
258	HJPCP42	PTA-843 10/13/99	Uni-ZAP XR	~~747~~ 748	425	237	348		1	~~1684~~ 1686	1	1	2	83
259	HKAAE44	209368 10/16/97	pCMVSport 2.0	269	1494	1	1494	113	113	~~1206~~ 1207	1	39	40	136
260	HKAAH36	209563 12/18/97	pCMVSport 2.0	270	1216	1	1216	128	128	~~1207~~ 1208	1	29	30	293
260	HKAAH36	209563 12/18/97	pCMVSport 2.0	~~748~~ 749	1016	1	1016	295	295	~~1685~~ 1687	1	29	30	143
260	HKAAH36	209563 12/18/97	pCMVSport 2.0	~~749~~ 750	1490	1	1490	182	182	~~1686~~ 1688	1	29	30	293
260	HKAAH36	209563 12/18/97	pCMVSport 2.0	~~750~~ 751	1441	8	1392	184	184	~~1687~~ 1689	1	29	30	85
260	HKAAH36	209563 12/18/97	pCMVSport 2.0	~~751~~ 752	1516	1	1516	254	254	~~1688~~ 1690	1	29	30	293

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
260	HKAAH36	209563 12/18/97	pCMVSport 2.0	~~752~~ 753	1381	196	1381	129	129	~~1689~~ 1691	1	29	30	293
260	HKAAH36	209563 12/18/97	pCMVSport 2.0	~~753~~ 754	1439	1	1439	189	189	~~1690~~ 1692	1	29	30	61
261	HKAAK02	209551 12/12/97	pCMVSport 2.0	271	859	1	859	97	97	~~1208~~ 1209	1	34	35	196
262	HKABI84	209603 01/29/98	pCMVSport 2.0	272	1238	45	1238	274	274	~~1209~~ 1210	1	16	17	47
263	HKABZ65	209683 03/20/98	pCMVSport 2.0	273	1189	1	1189	77	77	~~1210~~ 1211	1	17	18	243
263	HKABZ65	209683 03/20/98	pCMVSport 2.0	~~754~~ 755	1191	1	1191	69	69	~~1691~~ 1693	1	17	18	243
264	HKACB56	209346 10/09/97	pCMVSport 2.0	274	496	1	496	27	27	~~1211~~ 1212	1	23	24	80
265	HKACD58	209346 10/09/97	pCMVSport 2.0	275	3153	1	3153	38	38	~~1212~~ 1213	1	25	26	301
265	HKACD58	209346 10/09/97	pCMVSport 2.0	~~755~~ 756	1626	1	1626	35	35	~~1692~~ 1694	1	25	26	154
266	HKACH44	209300 09/25/97	pCMVSport 2.0	276	686	1	686	375	375	~~1213~~ 1214	1	25	26	44
267	HKACM93	PTA-849 10/13/99	pCMVSport 2.0	277	2352	1	2352	218	218	~~1214~~ 1215	1	30	31	692
267	HKACM93	PTA-849 10/13/99	pCMVSport 2.0	~~756~~ 757	549	1	549	189	189	~~1693~~ 1695	1	30	31	120
267	HKACM93	PTA-849 10/13/99	pCMVSport 2.0	~~757~~ 758	1120	1	1120	314	314	~~1694~~ 1696	1	30	31	269

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
267	HKACM93	PTA-849 10/13/99	pCMVSport 2.0	~~758~~ 759	1893	739	1893		202	~~1695~~ 1697	1	13	14	17
267	HKACM93	PTA-849 10/13/99	pCMVSport 2.0	~~759~~ 760	1187	1	1187		638	~~1696~~ 1698	1	4	5	45
268	HKAEL80	209423 10/30/97	pCMVSport 2.0	278	1105	1	1105	398	398	~~1215~~ 1216	1	17	18	79
269	HKAEV06	209627 02/12/98	pCMVSport 2.0	279	2496	1	2496	501	501	~~1216~~ 1217	1	30	31	438
269	HKAEV06	209627 02/12/98	pCMVSport 2.0	~~760~~ 761	2351	1	2351	197	197	~~1697~~ 1699	1	29	30	57
270	HKAFK41	209300 09/25/97	pCMVSport 2.0	280	549	1	549	243	243	~~1217~~ 1218	1	30	31	43
271	HKAFT66	PTA-849 10/13/99	pCMVSport 2.0	281	1001	270	1001	508	508	~~1218~~ 1219	1	41	42	107
271	HKAFT66	PTA-849 10/13/99	pCMVSport 2.0	~~761~~ 762	1001	270	1001	508	508	~~1698~~ 1700	1	41	42	107
271	HKAFT66	PTA-849 10/13/99	pCMVSport 2.0	~~762~~ 763	669	1	669	234	234	~~1699~~ 1701	1			37
272	HKDBF34	209511 12/03/97	pCMVSport 1	282	1432	60	1418	69	69	~~1219~~ 1220	1	14	15	222
272	HKDBF34	209511 12/03/97	pCMVSport 1	~~763~~ 764	1356	1	1356	18	18	~~1700~~ 1702	1	19	20	104
273	HKGAT94	209126 06/19/97	pSport1	283	1048	1	1048	449	449	~~1220~~ 1221	1	31	32	99
273	HKGAT94	209126 06/19/97	pSport1	~~764~~ 765	1063	1	1063		470	~~1701~~ 1702	1	20	21	94

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
274	HKGCO27	209853 05/07/98	pSport1	284	1021	1	1021	313	313	~~1221~~ 1222	1	26	27	93
274	HKGCO27	209853 05/07/98	pSport1	~~765~~ 766	1311	1	1311	57	57	~~1702~~ 1704	1	26	27	47
275	HKISB57	209603 01/29/98	~~pBluescriptpB~~ LUESCRIPT™	285	1492	1	1439	130	130	~~1222~~ 1223	1	19	20	95
276	HKMLK53	209511 12/03/97	~~pBluescriptpB~~ LUESCRIPT™	286	1543	1	1543	20	20	~~1333~~ 1224	1	25	26	69
277	HKMLM11	209236 09/04/97	~~pBluescriptpB~~ LUESCRIPT™	287	954	1	954	82	82	~~1224~~ 1225	1	20	21	130
278	HKMLP68	PTA-845 10/13/99	~~pBluescriptpB~~ LUESCRIPT™	288	2784	1	2784	130	130	~~1225~~ 1226	1	24	25	80
278	HKMLP68	PTA-845 10/13/99	~~pBluescriptpB~~ LUESCRIPT™	~~766~~ 767	718	1	718	153	153	~~1703~~ 1705	1	24	25	80
278	HKMLP68	PTA-845 10/13/99	~~pBluescriptpB~~ LUESCRIPT™	~~767~~ 768	614	1	614		471	~~1704~~ 1706	1	1	2	47
279	HKMMD13	209568 01/06/98	~~pBluescriptpB~~ LUESCRIPT™	289	943	1	943	342	342	~~1226~~ 1227	1	21	22	49

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
280	HKMND01	203069 07/27/98	~~pBluescriptpB~~LUESCRIPT™	290	887	1	887	23	23	~~1227~~ 1228	1	26	27	50
281	HL2AC08	209580 01/14/98	Uni-ZAP XR	291	1478	1	1478	64	64	~~1228~~ 1229	1	23	24	280
282	HL2AG57	209746 04/07/98	Uni-ZAP XR	292	1780	349	1780	560	560	~~1229~~ 1230	1	31	32	80
283	HLCND09	PTA-2076 06/09/00	Uni-ZAP XR	293	1984	1	1984	146	146	~~1230~~ 1231	1	38	39	110
283	HLCND09	PTA-2076 06/09/00	Uni-ZAP XR	~~768~~ 769	465	1	465	38	38	~~1705~~ 1707	1	38	39	142
284	HLDBE54	209563 12/18/97	pCMVSport 3.0	294	1222	1	1222	155	155	~~1231~~ 1232	1	38	39	318
284	HLDBE54	209563 12/18/97	pCMVSport 3.0	~~769~~ 770	1194	1	1194	130	130	~~1706~~ 1708	1	26	27	89
284	HLDBE54	209563 12/18/97	pCMVSport 3.0	~~770~~ 771	2334	1874	2334	133	133	~~1707~~ 1709	1	33	34	486
285	HLDBX13	203331 10/08/98	pCMVSport 3.0	295	1815	1	1815	303	303	~~1232~~ 1233	1	39	40	55
286	HLDNA86	209277 09/18/97	pCMVSport 3.0	296	1346	1	1346	238	238	~~1233~~ 1234	1	34	35	163
286	HLDNA86	209277 09/18/97	pCMVSport 3.0	~~771~~ 772	720	1	717	45	45	~~1708~~ 1710	1	31	32	92
287	HLDON23	209628 02/12/98	pCMVSport 3.0	297	1262	208	1256	368	368	~~1234~~ 1235	1	20	21	113

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
288	HLDOW79	PTA-1544 03/21/00	pCMVSport 3.0	298	989	1	989	43	43	~~1235~~ 1236	1	21	22	275
289	HLDQC46	PTA-1544 03/21/00	pCMVSport 3.0	299	632	1	632	163	163	~~1236~~ 1237	1	34	35	87
290	HLDQR62	203027 06/26/98	pCMVSport 3.0	300	2572	427	2572	520	520	~~1237~~ 1238	1	18	19	161
291	HLDQU79	203071 07/27/98	pCMVSport 3.0	301	1488	1	1488	99	99	~~1238~~ 1239	1	23	24	348
292	HLDRM43	209628 02/12/98	pCMVSport 3.0	302	609	1	609	24	24	~~1239~~ 1240	1	20	21	151
292	HLDRM43	209628 02/12/98	pCMVSport 3.0	~~772~~ 773	759	1	759	164	164	~~1709~~ 1711	1	20	21	151
293	HLDRP33	209641 02/25/98	pCMVSport 3.0	303	612	1	612	215	215	~~1240~~ 1241	1	26	27	41
294	HLHFP03	209126 06/19/97	Uni-ZAP XR	304	613	1	613	224	224	~~1241~~ 1242	1	19	20	116
295	HLHFR58	PTA-841 10/13/99	Uni-ZAP XR	305	1015	1	1015		206	~~1242~~ 1243	1	17	18	21
295	HLHFR58	PTA-841 10/13/99	Uni-ZAP XR	~~773~~ 774	733	1	733		205	~~1710~~ 1712	1	16	17	21
295	HLHFR58	PTA-841 10/13/99	Uni-ZAP XR	~~774~~ 775	741	1	741		288	~~1711~~ 1713	1	1	2	67
295	HLHFR58	PTA-841 10/13/99	Uni-ZAP XR	~~775~~ 776	951	12	675		254	~~1712~~ 1714	1	1	2	91
296	HLIBD68	203071 07/27/98	pCMVSport 1	306	1022	1	1022	186	186	~~1243~~ 1244	1	35	36	50

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297	HLICQ90	203517 12/10/98	pCMVSport 1	307	1766	1	1766	249	249	~~1244~~ 1245	1	29	30	206
298	HLMBO76	209603 01/29/98	Lambda ZAP II	308	815	1	795	43	43	~~1245~~ 1246	1	43	44	107
299	HLQBE09	209243 09/12/97	Lambda ZAP II	309	633	1	633	17	17	~~1246~~ 1247	1	19	20	181
300	HLQDR48	209603 01/29/98	Lambda ZAP II	310	989	1	989	10	10	~~1247~~ 1248	1	21	22	190
300	HLQDR48	209603 01/29/98	Lambda ZAP II	~~776~~ 777	990	1	990	3	3	~~1713~~ 1715	1	21	22	190
301	HLTAU74	PTA-163 06/01/99	Uni-ZAP XR	311	1524	1	1524	76	76	~~1248~~ 1249	1	21	22	62
302	HLTDV50	209243 09/12/97	Uni-ZAP XR	312	770	1	770	74	74	~~1249~~ 1250	1	17	18	28
303	HLTEI25	97979 03/27/97	Uni-ZAP XR	313	843	1	843	155	155	~~1250~~ 1251	1	19	20	42
304	HLTEJ06	209346 10/09/97	Uni-ZAP XR	314	617	69	617	197	197	~~1251~~ 1252	1	22	23	55
305	HLTFA64	209628 02/12/98	Uni-ZAP XR	315	1130	1	1130	268	268	~~1252~~ 1253	1	42	43	43
306	HLTHG37	209965 06/11/98	Uni-ZAP XR	316	3740	1908	3740	50	50	~~1253~~ 1254	1	1	2	319
306	HLTHG37	209965 06/11/98	Uni-ZAP XR	~~777~~ 778	1932	98	1932	313	313	~~1714~~ 1716	1	35	36	42
307	HLWAA17	209626 02/12/98	pCMVSport 3.0	317	997	246	997	436	436	~~1254~~ 1255	1	15	16	187

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
308	HLWAA88	209551 12/12/97	pCMVSport 3.0	318	1770	1	1770	35	35	~~1255~~ 1256	1	22	23	113
308	HLWAA88	209551 12/12/97	pCMVSport 3.0	~~778~~ 779	1636	1	1636	51	51	~~1715~~ 1717	1	22	23	488
309	HLWAD77	209651 03/04/98	pCMVSport 3.0	319	1167	304	1167	326	326	~~1256~~ 1257	1	24	25	140
310	HLWAE11	203071 07/27/98	pCMVSport 3.0	320	1618	1	1618	28	28	~~1257~~ 1258	1	46	47	278
311	HLWAO22	209511 12/03/97	pCMVSport 3.0	321	1338	1	1311	212	212	~~1258~~ 1259	1	21	22	354
312	HLWAY54	209651 03/04/98	pCMVSport 3.0	322	1892	1	1892	38	38	~~1259~~ 1260	1	25	26	338
313	HLWBH18	PTA-849 10/13/99	pCMVSport 3.0	323	813	1	813	107	107	~~1260~~ 1261	1	18	19	60
313	HLWBH18	PTA-849 10/13/99	pCMVSport 3.0	~~779~~ 780	645	1	645	67	67	~~1716~~ 1718	1	18	19	60
314	HLWBI63	209407 10/23/97	pCMVSport 3.0	324	1038	1	1038	149	149	~~1261~~ 1262	1	30	31	63
315	HLWBK05	203331 10/08/98	pCMVSport 3.0	325	2383	157	2383	280	280	~~1262~~ 1263	1	34	35	298
316	HLWBY76	203517 12/10/98	pCMVSport 3.0	326	2081	1	2081	432	432	~~1263~~ 1264	1	27	28	232
317	HLWCF05	209126 06/19/97	pCMVSport 3.0	327	646	1	646	155	155	~~1264~~ 1265	1	36	37	58
318	HLYAC95	203071 07/27/98	pSport1	328	312	1	312	92	92	~~1265~~ 1266	1	16	17	46

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319	HLYAF80	209126 06/19/97	pSport1	329	826	1	826	222	222	~~1266~~ 1267	1	24	25	47
320	HLYAN59	209346 10/09/97	pSport1	330	770	1	770	383	383	~~1267~~ 1268	1	40	41	77
320	HLYAN59	209346 10/09/97	pSport1	~~780~~ 781	729	1	729	254	254	~~1717~~ 1719	1	39	40	54
321	HLYAP91	209346 10/09/97	pSport1	331	1276	1	1276	280	280	~~1268~~ 1269	1	29	30	83
322	HLYAZ61	209022 05/08/97	pSport1	332	1237	1	1237	190	190	~~1269~~ 1270	1	18	19	222
322	HLYAZ61	209022 05/08/97	pSport1	~~781~~ 782	997	74	997	205	205	~~1718~~ 1720	1	18	19	215
323	HLYBD32	209407 10/23/97	pSport1	333	1045	35	1045	98	98	~~1270~~ 1271	1	23	24	70
324	HLYES38	209853 05/07/98	pSport1	334	1223	1	1223	69	69	~~1271~~ 1272	1	22	23	73
325	HMADS41	209563 12/18/97	Uni-ZAP XR	335	1267	1	1267	267	267	~~1272~~ 1273	1	21	22	88
326	HMADU73	209139 07/03/97	Uni-ZAP XR	336	3194	1	3194	491	491	~~1273~~ 1274	1	16	17	713
326	HMADU73	209139 07/03/97	Uni-ZAP XR	~~782~~ 783	437	1	437	115	115	~~1719~~ 1721	1	15	16	77
327	HMAMI15	PTA-2075 06/09/00	Uni-ZAP XR	337	1258	1	1258	4	4	~~1274~~ 1275	1	26	27	340
327	HMAMI15	PTA-2075 06/09/00	Uni-ZAP XR	~~783~~ 784	1084	1	1084	3	3	~~1720~~ 1722	1	26	27	306

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328	HMDAE65	209243 09/12/97	Uni-ZAP XR	338	698	1	698	179	179	~~1275~~ 1276	1	17	18	77
329	HMDAM24	209226 08/28/97	Uni-ZAP XR	339	996	1	996	109	109	~~1276~~ 1277	1			20
330	HMDAQ29	209563 12/18/97	Uni-ZAP XR	340	974	1	974	180	180	~~1277~~ 1278	1	43	44	82
331	HMEAI48	203069 07/27/98	Lambda ZAP II	341	413	1	413	36	36	~~1278~~ 1279	1	29	30	88
331	HMEAI48	203069 07/27/98	Lambda ZAP II	~~784~~ 785	1168	1	1168	95	95	~~1721~~ 1723	1	29	30	40
332	HMECK83	209853 05/07/98	Lambda ZAP II	342	1010	1	1010	50	50	~~1279~~ 1280	1	28	29	54
333	HMEET96	209407 10/23/97	Lambda ZAP II	343	1337	73	1200	121	121	~~1280~~ 1281	1	30	31	266
334	HMIAL37	209563 12/18/97	Uni-ZAP XR	344	1420	1	1420	49	49	~~1281~~ 1282	1	13	14	97
335	HMIAP86	209878 05/18/98	Uni-ZAP XR	345	1674	13	1674	182	182	~~1282~~ 1283	1	19	20	334
336	HMKCG09	209346 10/09/97	pSport1	346	921	60	921	221	221	~~1283~~ 1284	1	28	29	49
337	HMMAH60	209368 10/16/97	pSport1	347	822	1	822	142	142	~~1284~~ 1285	1	15	16	50
338	HMQDF12	209407 10/23/97	Uni-ZAP XR	348	706	1	627	63	63	~~1285~~ 1286	1	27	28	142
339	HMSBX80	209563 12/18/97	Uni-ZAP XR	349	1726	1	1726	169	169	~~1286~~ 1287	1	19	20	57

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340	HMSFS21	209324 10/02/97	Uni-ZAP XR	350	1283	1	1283	28	28	~~1287~~ 1288	1	17	18	37
341	HMSGB14	209423 10/30/97	Uni-ZAP XR	351	1552	1	1552	138	138	~~1288~~ 1289	1	18	19	77
342	HMSGT42	97958 03/13/97 209072 05/22/97	Uni-ZAP XR	352	1563	33	1077	40	40	~~1289~~ 1290	1	32	33	92
343	HMSHM14	209126 06/19/97	Uni-ZAP XR	353	756	1	756	103	103	~~1290~~ 2191	1	29	30	45
344	HMSHS36	PTA-2070 06/09/00	Uni-ZAP XR	354	1402	1	1402	134	134	~~1291~~ 1292	1	23	24	103
344	HMSHS36	PTA-2070 06/09/00	Uni-ZAP XR	~~785~~ 786	616	30	616	162	162	~~1722~~ 1724	1	23	24	103
345	HMSJM65	209641 02/25/98	Uni-ZAP XR	355	2270	1	2231	111	111	~~1293~~ 1293	1	27	28	77
346	HMSJU68	209076 05/22/97	Uni-ZAP XR	356	1123	4	1123	272	272	~~1293~~ 1294	1	31	32	49
347	HMSKC04	203105 08/13/98	Uni-ZAP XR	357	1417	1	1417	133	133	~~1294~~ 1295	1	22	23	73
348	HMTBI36	PTA-322 07/09/99	pCMVSport 3.0	358	3388	1	3388	256	256	~~1295~~ 1296	1	18	19	957
348	HMTBI36	PTA-322 07/09/99	pCMVSport 3.0	~~786~~ 787	3546	1	3363	255	255	~~1723~~ 1725	1	18	19	957
349	HMUAP70	209878 05/18/98	pCMVSport 3.0	359	1965	531	1914	183	183	~~1296~~ 1297	1	16	17	221

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349	HMUAP70	209878 05/18/98	pCMVSport 3.0	~~787~~ 788	1842	407	1783	413	413	~~1724~~ 1726	1	25	26	103
349	HMUAP70	209878 05/18/98	pCMVSport 3.0	~~788~~ 789	1963	530	1914	251	251	~~1725~~ 1727	1	28	29	198
349	HMUAP70	209878 05/18/98	pCMVSport 3.0	~~789~~ 790	1487	1	1487	62	62	~~1726~~ 1728	1	16	17	106
349	HMUAP70	209878 05/18/98	pCMVSport 3.0	~~790~~ 791	1653	1	1653	60	60	~~1727~~ 1729	1	15	16	68
349	HMUAP70	209878 05/18/98	pCMVSport 3.0	~~791~~ 792	1830	407	1830	60	60	~~1728~~ 1730	1			23
350	HMVBN46	209603 01/29/98	pSport1	360	1382	1	1382	10	10	~~1297~~ 1298	1	19	20	48
351	HMWEB02	209628 02/12/98	Uni-ZAP XR	361	1755	1	1755	106	106	~~1298~~ 1299	1	23	24	91
352	HMWFO02	209324 10/02/97	Uni-ZAP XR	362	547	1	547	7	7	~~1299~~ 1300	1	37	38	68
352	HMWFO02	209324 10/02/97	Uni-ZAP XR	~~792~~ 793	708	1	708	20	20	~~1729~~ 1731	1	38	39	60
353	HMWGY65	203105 08/13/98	Uni-ZAP XR	363	1974	1	1974	42	42	~~1300~~ 1301	1	21	22	490
353	HMWGY65	203105 08/13/98	Uni-ZAP XR	~~793~~ 794	2027	1	1976	42	42	~~1730~~ 1732	1	21	22	188
354	HNEAC05	209236 09/04/97	Uni-ZAP XR	364	890	1	890	101	101	~~1301~~ 1302	1	24	25	105
355	HNEEB45	PTA-845 10/13/99	Uni-ZAP XR	365	1043	1	1043	139	139	~~1302~~ 1303	1	25	26	57

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355	HNEEB45	PTA-845 10/13/99	Uni-ZAP XR	~~794~~ 795	699	160	699	226	226	~~1731~~ 1733	1	25	26	57
356	HNFFC43	203027 06/26/98	Uni-ZAP XR	366	2103	209	2058	488	488	~~1303~~ 1304	1	12	13	68
357	HNFIU96	209126 06/19/97	~~pBluescriptpB~~ LUESCRIPT™	367	456	1	456	170	170	~~1304~~ 1305	1	32	33	79
358	HNFJF07	209463 11/14/97	Uni-ZAP XR	368	616	1	616	86	86	~~1305~~ 1306	1	21	22	66
359	HNFJH45	97976 04/04/97	Uni-ZAP XR	369	575	1	575	275	275	~~1306~~ 1307	1	30	31	67
360	HNGAK47	209368 10/16/97	Uni-ZAP XR	370	1144	1	1144	89	89	~~1307~~ 1308	1	23	24	40
361	HNGAP93	209243 09/12/97	Uni-ZAP XR	371	703	1	703	50	50	~~1308~~ 1309	1	19	20	33
362	HNGBC07	PTA-844 10/13/99	Uni-ZAP XR	372	1649	1	1647	81	81	~~1309~~ 1310	1	18	19	249
362	HNGBC07	PTA-844 10/13/99	Uni-ZAP XR	~~795~~ 796	1649	1	1647	122	122	~~1732~~ 1734	1	24	25	44
362	HNGBC07	PTA-844 10/13/99	Uni-ZAP XR	~~796~~ 797	1570	1	1570	55	55	~~1733~~ 1735	1	24	25	44
363	HNGBT31	97976 04/04/97	Uni-ZAP XR	373	639	1	639	224	224	~~1310~~ 1311	1	28	29	104
364	HNGDG40	209299 09/25/97	Uni-ZAP XR	374	520	1	520	13	13	~~1311~~ 1312	1	36	37	127

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365	HNGDJ72	209299 09/25/97	Uni-ZAP XR	375	524	1	524	185	185	~~1312~~ 1313	1	19	20	113
366	HNGDU40	209563 12/18/97	Uni-ZAP XR	376	1035	1	1035	333	333	~~1313~~ 1314	1	17	18	51
367	HNGEO29	209299 09/25/97	Uni-ZAP XR	377	491	1	491	98	98	~~1314~~ 1315	1	32	33	44
368	HNGEP09	209197 08/08/97	Uni-ZAP XR	378	1042	1	1042	72	72	~~1315~~ 1316	1	15	16	82
369	HNGHR74	209346 10/09/97	Uni-ZAP XR	379	1095	1	1095	53	53	~~1316~~ 1317	1	18	19	41
370	HNGIH43	97976 04/04/97	Uni-ZAP XR	380	427	1	427	178	178	~~1317~~ 1318	1	31	32	40
371	HNGIJ31	209236 09/04/97	Uni-ZAP XR	381	796	1	796	135	135	~~1318~~ 1319	1	16	17	36
372	HNGIQ46	209243 09/12/97	Uni-ZAP XR	382	527	1	527	221	221	~~1319~~ 1320	1	21	22	70
373	HNGJE50	209368 10/16/97	Uni-ZAP XR	383	1037	1	1037	77	77	~~1320~~ 1321	1	36	37	46
374	HNGJO57	209463 11/14/97	Uni-ZAP XR	384	828	1	828	87	87	~~1321~~ 1322	1	18	19	52
375	HNGJP69	209603 01/29/98	Uni-ZAP XR	385	985	1	985	321	321	~~1322~~ 1323	1	14	15	74
376	HNGJT54	209215 08/21/97	Uni-ZAP XR	386	1110	1	1110	172	172	~~1323~~ 1324	1	19	20	34
377	HNGKN89	203648 02/09/99	Uni-ZAP XR	387	925	1	925	436	436	~~1324~~ 1325	1	24	25	53

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
378	HNGOM56	203648 02/09/99	Uni-ZAP XR	388	956	1	956	391	391	~~1325~~ 1326	1	22	23	55
379	HNGOU56	203858 03/18/99	Uni-ZAP XR	389	742	1	742	317	317	~~1326~~ 1327	1	23	24	59
380	HNGOW62	PTA-622 09/02/99	Uni-ZAP XR	390	1298	1	1298	167	167	~~1327~~ 1328	1	19	20	54
381	HNHAH01	209180 07/24/97	Uni-ZAP XR	391	905	1	905	328	328	~~1328~~ 1329	1	41	42	54
382	HNHCX60	209243 09/12/97	Uni-ZAP XR	392	762	1	762	158	158	~~1329~~ 1330	1	20	21	21
383	HNHCY64	209243 09/12/97	Uni-ZAP XR	393	725	1	725	258	258	~~1330~~ 1331	1	32	33	44
384	HNHCY94	209243 09/12/97	Uni-ZAP XR	394	606	1	606	78	78	~~1331~~ 1332	1	25	26	48
385	HNHDW38	209299 09/25/97	Uni-ZAP XR	395	793	1	793	231	231	~~1332~~ 1333	1	22	23	46
386	HNHDW42	97976 04/04/97	Uni-ZAP XR	396	426	1	426	168	168	~~1333~~ 1334	1	26	27	71
387	HNHED17	209346 10/09/97	Uni-ZAP XR	397	843	1	843	274	274	~~1334~~ 1335	1	19	20	51
387	HNHED17	209346 10/09/97	Uni-ZAP XR	~~797~~ 798	692	1	692	282	282	~~1734~~ 1736	1	19	20	48
388	HNHEI42	PTA-844 10/13/99	Uni-ZAP XR	398	2642	1	2642	52	52	~~1335~~ 1336	1	22	23	36
388	HNHEI42	PTA-844 10/13/99	Uni-ZAP XR	~~798~~ 799	1654	1	1654	28	28	~~1735~~ 1737	1	22	23	36

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
388	HNHEI42	PTA-844 10/13/99	Uni-ZAP XR	~~799~~ 800	447	1	447		166	~~1736~~ 1738	1	6	7	28
388	HNHEI42	PTA-844 10/13/99	Uni-ZAP XR	~~800~~ 801	641	1	641		331	~~1737~~ 1739	1	3	4	34
389	HNHFO29	209138 07/03/97	Uni-ZAP XR	399	699	1	699	160	160	~~1336~~ 1337	1	21	22	180
390	HNHFR04	209683 03/20/98	Uni-ZAP XR	400	1681	1	1681	71	71	~~1337~~ 1338	1	21	22	78
391	HNHFU32	209407 10/23/97	Uni-ZAP XR	401	607	1	607	175	175	~~1338~~ 1339	1	30	31	52
392	HNHOD46	PTA-1543 03/21/00	Uni-ZAP XR	402	1355	1	1355	12	12	~~1339~~ 1340	1	20	21	80
393	HNHOG73	203570 01/11/99	Uni-ZAP XR	403	802	1	802	342	342	~~1340~~ 1341	1	19	20	51
394	HNHPD10	203570 01/11/99	Uni-ZAP XR	404	940	1	940	291	291	~~1341~~ 1342	1	33	34	40
395	HNTBI57	209423 10/30/97	pCMVSport 3.0	405	1365	134	1365	210	210	~~1342~~ 1343	1	26	27	58
396	HNTCE26	PTA-1544 03/21/00	pCMVSport 3.0	406	2163	830	2163	111	111	~~1343~~ 1344	1	30	31	402
396	HNTCE26	PTA-1544 03/21/00	pCMVSport 3.0	801	1763	1	1763	57	57	~~1738~~ 1740	1	28	29	121
397	HNTNC20	209782 04/20/98	pSport1	407	1979	1	1979	270	270	~~1344~~ 1345	1	19	20	218
398	HNTNI01	209782 04/20/98	pSport1	408	2087	1	2087	307	307	~~1345~~ 1346	1	33	34	76

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
398	HNTNI01	209782 04/20/98	pSport1	~~802~~ 803	1274	1	1114	306	306	~~1739~~ 1741	1	33	34	49
399	HNTSY18	PTA-855 10/18/99	pSport1	409	1811	265	1783	257	257	~~1346~~ 1347	1	31	32	89
399	HNTSY18	PTA-855 10/18/99	pSport1	~~803~~ 804	847	742	819		420	~~1740~~ 1742	1	1	2	79
400	HOAAC90	209236 09/04/97	Uni-ZAP XR	410	642	1	642	33	33	~~1347~~ 1348	1	15	16	104
400	HOAAC90	209236 09/04/97	Uni-ZAP XR	~~804~~ 805	652	1	652	38	38	~~1741~~ 1743	1	15	16	104
401	HOACB38	209243 09/12/97	Uni-ZAP XR	411	606	1	606	63	63	~~1348~~ 1349	1	21	22	40
402	HOCNF19	203570 01/11/99	pSport1	412	1118	1	1118	166	166	~~1349~~ 1350	1	20	21	87
403	HODDF13	203069 07/27/98	Uni-ZAP XR	413	830	1	830	46	46	~~1350~~ 1351	1	23	24	41
404	HODDN65	209244 09/12/97	Uni-ZAP XR	414	755	1	755	251	251	~~1351~~ 1352	1	14	15	20
405	HODDN92	209012 04/28/97 209089 06/05/97	Uni-ZAP XR	415	1939	294	1939		434	~~1352~~ 1553	1	26	27	35
406	HODDO08	203364 10/19/98	Uni-ZAP XR	416	1776	138	1284	725	725	~~1353~~ 1354	1	33	34	106
407	HODDW40	209463 11/14/97	Uni-ZAP XR	417	682	1	682	139	139	~~1354~~ 1355	1	19	20	40

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
408	HODEJ32	203570 01/11/99	Uni-ZAP XR	418	739	1	739	358	358	~~1355~~ 1356	1	21	22	43
409	HODFN71	203570 01/11/99	Uni-ZAP XR	419	1126	1	1126		1	~~1356~~ 1357	1	1	2	159
409	HODFN71	203570 01/11/99	Uni-ZAP XR	~~805~~ 806	1124	1	1124	27	27	~~1742~~ 1744	1	18	19	148
410	HODGE68	203570 01/11/99	Uni-ZAP XR	420	851	1	851	87	87	~~1357~~ 1358	1	26	27	59
411	HOEBK34	209224 08/28/97	Uni-ZAP XR	421	747	75	747	149	149	~~1358~~ 1359	1	20	21	165
411	HOEBK34	209224 08/28/97	Uni-ZAP XR	~~806~~ 807	660	1	660	68	68	~~1743~~ 1745	1	26	27	88
412	HOEBZ89	203517 12/10/98	Uni-ZAP XR	422	2520	1	2520	19	19	~~1359~~ 1360	1	21	22	333
413	HOEDB32	209628 02/12/98	Uni-ZAP XR	423	1462	73	1462	104	104	~~1360~~ 1361	1	21	22	226
414	HOEDE28	PTA-844 10/13/99	Uni-ZAP XR	424	1635	1	1635	248	248	~~1361~~ 1362	1	21	22	117
414	HOEDE28	PTA-844 10/13/99	Uni-ZAP XR	~~807~~ 808	1424	806	1424		387	~~1744~~ 1746	1	11	12	20
415	HOEDH84	209965 06/11/98	Uni-ZAP XR	425	2079	1	2079	256	256	~~1362~~ 1363	1	20	21	404
416	HOEFV61	203517 12/10/98	Uni-ZAP XR	426	2657	1	2657	64	64	~~1363~~ 1364	1	13	14	180
417	HOFMQ33	PTA-848 10/13/99	pCMVSport 2.0	427	2410	1	2410	49	49	~~1364~~ 1365	1	24	25	484

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
417	HOFMQ33	PTA-848 10/13/99	pCMVSport 2.0	~~808~~ 809	2409	1	2409	48	48	~~1745~~ 1747	1	24	25	484
417	HOFMQ33	PTA-848 10/13/99	pCMVSport 2.0	~~809~~ 810	876	1	876	78	78	~~1746~~ 1748	1	24	25	266
417	HOFMQ33	PTA-848 10/13/99	pCMVSport 2.0	~~810~~ 811	1586	1	1586		724	~~1747~~ 1749	1			5
417	HOFMQ33	PTA-848 10/13/99	pCMVSport 2.0	~~811~~ 812	1011	873	1011		123	~~1748~~ 1750	1	1	2	84
418	HOFMT75	PTA-848 10/13/99	pCMVSport 2.0	428	2131	6	2131	83	83	~~1365~~ 1366	1	20	21	410
418	HOFMT75	PTA-848 10/13/99	pCMVSport 2.0	~~812~~ 813	427	1	427	83	83	~~1749~~ 1751	1	20	21	115
418	HOFMT75	PTA-848 10/13/99	pCMVSport 2.0	~~813~~ 814	1500	1	1500		1225	~~1750~~ 1752	1	9	10	92
418	HOFMT75	PTA-848 10/13/99	pCMVSport 2.0	~~814~~ 815	1234	337	1234	129	129	~~1751~~ 1753	1	20	21	368
419	HOFNC14	PTA-623 09/02/99	pCMVSport 2.0	429	2794	1	2794	79	79	~~1366~~ 1367	1	13	14	73
419	HOFNC14	PTA-623 09/02/99	pCMVSport 2.0	~~815~~ 816	3095	1	3095	155	155	~~1752~~ 1754	1	13	14	72
420	HOFND85	PTA-1544 03/21/00	pCMVSport 2.0	430	2048	1	2048	167	167	~~1367~~ 1368	1	22	23	627
421	HOFNY91	PTA-1544 03/21/00	pCMVSport 2.0	431	2406	1	2406	64	64	~~1368~~ 1369	1	14	15	82
422	HOFOC33	PTA-848 10/13/99	pCMVSport 2.0	432	1669	1	1669	76	76	~~1369~~ 1370	1	21	22	363

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
422	HOFOC33	PTA-848 10/13/99	pCMVSport 2.0	~~816~~ 817	518	1	518	81	81	~~1753~~ 1755	1	21	22	112
422	HOFOC33	PTA-848 10/13/99	pCMVSport 2.0	~~817~~ 818	518	1	518	81	81	~~1754~~ 1756	1	17	18	112
422	HOFOC33	PTA-848 10/13/99	pCMVSport 2.0	~~818~~ 819	1670	1	1670	76	76	~~1755~~ 1757	1	21	22	139
422	HOFOC33	PTA-848 10/13/99	pCMVSport 2.0	~~819~~ 820	606	1	606		23	~~1756~~ 1758	1			7
422	HOFOC33	PTA-848 10/13/99	pCMVSport 2.0	~~820~~ 821	841	1	841		158	~~1757~~ 1759	1	6	7	14
422	HOFOC33	PTA-848 10/13/99	pCMVSport 2.0	~~821~~ 822	868	1	847		3	~~1758~~ 1760	1	1	2	288
423	HOFOC73	PTA-848 10/13/99	pCMVSport 2.0	433	1491	1	1491	18	18	~~1370~~ 1371	1	18	19	129
423	HOFOC73	PTA-848 10/13/99	pCMVSport 2.0	~~822~~ 823	1395	1	1395	23	23	~~1759~~ 1761	1	18	19	67
423	HOFOC73	PTA-848 10/13/99	pCMVSport 2.0	~~823~~ 824	270	1	270		127	~~1760~~ 1762	1	4	5	14
423	HOFOC73	PTA-848 10/13/99	pCMVSport 2.0	~~824~~ 825	2324	662	2324	142	142	~~1761~~ 1763	1			6
424	HOGAW62	209463 11/14/97	pCMVSport 2.0	434	571	1	571	259	259	~~1371~~ 1372	1	25	26	55
425	HOGCK20	209853 05/07/98	pCMVSport 2.0	435	2087	1	2087	57	57	~~1372~~ 1373	1	23	24	522
425	HOGCK20	209853 05/07/98	pCMVSport 2.0	~~825~~ 826	2075	1	2054		53	~~1762~~ 1764	1	22	23	554

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
426	HOGCK63	PTA-848 10/13/99	pCMVSport 2.0	436	1409	310	1409	514	514	~~1373~~ 1374	1	29	30	246
426	HOGCK63	PTA-848 10/13/99	pCMVSport 2.0	~~826~~ 827	1697	144	1697		1455	~~1763~~ 1765	1			5
427	HOGCS52	PTA-848 10/13/99	pCMVSport 2.0	437	2571	1	2571	25	25	~~1374~~ 1375	1	22	23	453
427	HOGCS52	PTA-848 10/13/99	pCMVSport 2.0	~~827~~ 828	2645	1	2586	30	30	~~1764~~ 1766	1	22	23	453
427	HOGCS52	PTA-848 10/13/99	pCMVSport 2.0	~~828~~ 829	1098	457	638		2	~~1765~~ 1767	1	1	2	96
428	HOHBB49	203517 12/10/98	pCMVSport 2.0	438	3080	1	3080	148	148	~~1375~~ 1376	1	19	20	48
429	HOHBC68	209568 01/06/98	pCMVSport 2.0	439	1837	1	1837	348	348	~~1376~~ 1377	1	30	31	128
430	HOHBY12	209603 01/29/98	pCMVSport 2.0	440	1188	1	1188	232	232	~~1377~~ 1378	1	25	26	199
431	HOHBY44	PTA-867 10/26/99	pCMVSport 2.0	441	3369	1	3369	170	170	~~1378~~ 1379	1	24	25	184
431	HOHBY44	PTA-867 10/26/99	pCMVSport 2.0	~~829~~ 830	1063	533	1063		2	~~1766~~ 1768	1	1	2	77
431	HOHBY44	PTA-867 10/26/99	pCMVSport 2.0	~~830~~ 831	1178	1	1178		54	~~1767~~ 1769	1	1	2	84
432	HOHCC74	209346 10/09/97	pCMVSport 2.0	442	558	1	558	327	327	~~1379~~ 1380	1	20	21	48
433	HOHCH55	203331 10/08/98	pCMVSport 2.0	443	2499	1	2499	221	221	~~1380~~ 1381	1	23	24	494

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433	HOHCH55	203331 10/08/98	pCMVSport 2.0	~~831~~ 832	2522	1	2522	230	230	~~1768~~ 1770	1	23	24	469
434	HONAH29	209138 07/03/97	~~pBluescriptpB~~ LUESCRIPT™ SK-	444	1623	1	1623	136	136	~~1381~~ 1382	1	25	26	211
434	HONAH29	209138 07/03/97	~~pBluescriptpB~~ LUESCRIPT™ SK-	~~832~~ 833	1637	17	1632	144	144	~~1769~~ 1771	1	25	26	211
435	HOSDJ25	209423 10/30/97	Uni-ZAP XR	445	2214	985	2214	1076	1076	~~1382~~ 1383	1	18	19	40
435	HOSDJ25	209423 10/30/97	Uni-ZAP XR	~~833~~ 834	1258	1	1258	146	146	~~1770~~ 1772	1	18	19	40
436	HOSEG51	209324 10/02/97	Uni-ZAP XR	446	590	48	590	232	232	~~1383~~ 1384	1	31	32	102
437	HOSFD58	97957 03/13/97 209073 05/22/97	Uni-ZAP XR	447	2527	290	1747	56	56	~~1384~~ 1385	1	30	31	624
437	HOSFD58	97957 03/13/97 209073 05/22/97	Uni-ZAP XR	~~834~~ 835	2527	288	1747	477	477	~~1771~~ 1773	1	32	33	61
438	HOUCQ17	209086 05/29/97	Uni-ZAP XR	448	4712	1	4693	508	508	~~1385~~ 1386	1	51	52	967
439	HOUDK26	209423 10/30/97	Uni-ZAP XR	449	1051	1	1051	214	214	~~1386~~ 1387	1	30	31	174

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440	HOVCA92	209299 09/25/97	pSport1	450	707	1	488	181	181	~~1387~~ 1388	1	20	21	62
441	HPASA81	203181 09/09/98	Uni-ZAP XR	451	1945	1	1945	19	19	~~1388~~ 1389	1	17	18	600
441	HPASA81	203181 09/09/98	Uni-ZAP XR	~~835~~ 836	1971	2	1971	14	14	~~1772~~ 1774	1	17	18	315
441	HPASA81	203181 09/09/98	Uni-ZAP XR	~~836~~ 837	2081	1	2081	124	124	~~1773~~ 1775	1	17	18	72
442	HPBCU51	97977 04/04/97 209082 05/29/97	~~pBluescriptpB~~LUESCRIPT™ SK-	452	599	1	599	86	86	~~1389~~ 1390	1	27	28	119
443	HPDDC77	209012 04/28/97 209089 06/05/97	~~pBluescriptpB~~LUESCRIPT™ SK-	453	978	1	978	51	51	~~1390~~ 1391	1	29	30	131
443	HPDDC77	209012 04/28/97 209089 06/05/97	~~pBluescriptpB~~LUESCRIPT™ SK-	~~837~~ 838	2361	455	1442	510	510	~~1774~~ 1776	1	29	30	131
444	HPDWP28	PTA-2076 06/09/00	pSport1	454	528	1	528	143	143	~~1391~~ 1392	1	29	30	49
444	HPDWP28	PTA-2076 06/09/00	pSport1	~~838~~ 839	510	1	500	133	133	~~1775~~ 1777	1	29	30	49
445	HPEAD48	209244 09/12/97	Uni-ZAP XR	455	625	1	625	203	203	~~1392~~ 1393	1	18	19	97

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446	HPEBE79	209241 09/12/97	Uni-ZAP XR	456	597	1	597	79	79	~~1393~~ 1394	1	11	12	15
447	HPFCL43	209299 09/25/97	Uni-ZAP XR	457	665	1	665	21	21	~~1394~~ 1395	1	17	18	79
448	HPFDG48	209324 10/02/97	Uni-ZAP XR	458	723	165	700	283	283	~~1395~~ 1396	1	18	19	47
449	HPIAQ68	203517 12/10/98	Uni-ZAP XR	459	2466	1	2466	20	20	~~1396~~ 1397	1	22	23	62
450	HPIBO15	209563 12/18/97	Uni-ZAP XR	460	1739	1	1739	128	128	~~1397~~ 1398	1	18	19	211
450	HPIBO15	209563 12/18/97	Uni-ZAP XR	~~839~~ 840	1739	1	1739	127	127	~~1776~~ 1778	1	18	19	173
451	HPICB53	PTA-846 10/13/99	Uni-ZAP XR	461	1139	1	1139	170	170	~~1398~~ 1399	1	23	24	51
451	HPICB53	PTA-846 10/13/99	Uni-ZAP XR	~~840~~ 841	438	1	438	163	163	~~1777~~ 1779	1	23	24	51
452	HPJBK12	PTA-855 10/18/99	Uni-ZAP XR	462	2648	1	2648	126	126	~~1399~~ 1400	1	18	19	48
452	HPJBK12	PTA-855 10/18/99	Uni-ZAP XR	~~841~~ 842	538	1	538	119	119	~~1778~~ 1780	1	18	19	48
452	HPJBK12	PTA-855 10/18/99	Uni-ZAP XR	~~842~~ 843	1346	1	1346		969	~~1779~~ 1781	1			10
452	HPJBK12	PTA-855 10/18/99	Uni-ZAP XR	~~843~~ 844	912	1	912	509	509	~~1780~~ 1782	1			4
453	HPJCL22	PTA-2071 06/09/00	Uni-ZAP XR	463	3107	1	3107	86	86	~~1400~~ 1401	1	35	36	80

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453	HPJCL22	PTA-2071 06/09/00	Uni-ZAP XR	~~844~~ 845	995	58	995	136	136	~~1781~~ 1783	1	35	36	80
453	HPJCL22	PTA-2071 06/09/00	Uni-ZAP XR	~~845~~ 846	751	183	751		232	~~1782~~ 1784	1	1	2	145
454	HPJCW04	209551 12/12/97	Uni-ZAP XR	464	1466	1	1466	44	44	~~1401~~ 1402	1	19	20	57
455	HPJEX20	PTA-872 10/26/99	Uni-ZAP XR	465	566	1	566	23	23	~~1402~~ 1403	1	26	27	174
455	HPJEX20	PTA-872 10/26/99	Uni-ZAP XR	~~846~~ 847	1823	1	1823	31	31	~~1783~~ 1785	1	23	24	115
455	HPJEX20	PTA-872 10/26/99	Uni-ZAP XR	~~847~~ 848	1964	1	1964	170	170	~~1784~~ 1786	1	23	24	174
455	HPJEX20	PTA-872 10/26/99	Uni-ZAP XR	~~848~~ 849	769	1	769	84	84	~~1785~~ 1787	1	23	24	228
455	HPJEX20	PTA-872 10/26/99	Uni-ZAP XR	~~849~~ 850	818	1	818		565	~~1786~~ 1788	1	1	2	84
456	HPMAI22	209683 03/20/98	Uni-ZAP XR	466	1274	334	1274	483	483	~~1403~~ 1404	1	16	17	59
457	HPMFP40	209628 02/12/98	Uni-ZAP XR	467	1217	1	1217	37	37	~~1404~~ 1405	1	24	25	44
458	HPMGJ45	203105 08/13/98	Uni-ZAP XR	468	1656	1	1656	119	119	~~1405~~ 1406	1	25	26	48
459	HPQAC69	97979 03/27/97	Lambda ZAP II	469	990	1	988	82	82	~~1406~~ 1407	1	19	20	37
460	HPRBC80	209852 05/07/98	Uni-ZAP XR	470	2543	1245	2543	94	94	~~1407~~ 1408	1	30	31	387

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
460	HPRBC80	209852 05/07/98	Uni-ZAP XR	~~850~~ 851	2052	275	2032	404	404	~~1787~~ 1789	1	26	27	69
461	HPRBF19	203517 12/10/98	Uni-ZAP XR	471	1461	1	1461	63	63	~~1408~~ 1409	1	31	32	190
462	HPTTG19	209628 02/12/98	Uni-ZAP XR	472	559	1	559	215	215	~~1409~~ 1410	1	16	17	49
463	HPTVX32	209628 02/12/98	~~pBluescriptpB~~ LUESCRIPT™	473	803	215	803	318	318	~~1410~~ 1411	1	26	27	80
464	HPVAB94	209244 09/12/97	Uni-ZAP XR	474	819	1	819	80	80	~~1411~~ 1412	1	25	26	44
465	HPWAY46	PTA-843 10/13/99	Uni-ZAP XR	475	1414	1	1414	468	468	~~1412~~ 1413	1	30	31	52
465	HPWAY46	PTA-843 10/13/99	Uni-ZAP XR	~~851~~ 852	891	1	891	474	474	~~1788~~ 1790	1	30	31	52
465	HPWAY46	PTA-843 10/13/99	Uni-ZAP XR	~~852~~ 853	501	120	501		178	~~1789~~ 1791	1	1	2	86
466	HPWDJ42	209852 05/07/98	Uni-ZAP XR	476	1340	1	1340	149	149	~~1413~~ 1414	1	18	19	54
466	HPWDJ42	209852 05/07/98	Uni-ZAP XR	~~853~~ 854	1340	1	1340	149	149	~~1790~~ 1792	1	21	22	54
466	HPWDJ42	209852 05/07/98	Uni-ZAP XR	~~854~~ 855	813	1	813	161	161	~~1791~~ 1793	1	18	19	47
467	HPZAB47	209511 12/03/97	~~pBluescriptpB~~ LUESCRIPT™	477	1676	1	1676	34	34	~~1414~~ 1415	1	18	19	47

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
468	HRAAB15	209651 03/04/98	pCMVSport 3.0	478	1747	1	1747	35	35	~~1415~~ 1416	1	14	15	159
469	HRABA80	209889 05/22/98	pCMVSport 3.0	479	1251	1	1251	144	144	~~1416~~ 1417	1	27	28	102
469	HRABA80	209889 05/22/98	pCMVSport 3.0	~~855~~ 856	1237	1	1237	130	130	~~1792~~ 1794	1	27	28	102
470	HRACD15	209852 05/07/98	pCMVSport 3.0	480	1539	24	1539	252	252	~~1417~~ 1418	1	40	41	53
470	HRACD15	209852 05/07/98	pCMVSport 3.0	~~856~~ 857	1681	24	1453	252	252	~~1793~~ 1795	1	40	41	53
471	HRACD80	209889 05/22/98	pCMVSport 3.0	481	1941	1	1941	196	196	~~1418~~ 1419	1	16	17	575
471	HRACD80	209889 05/22/98	pCMVSport 3.0	~~857~~ 858	1934	1	1934	191	191	~~1794~~ 1796	1	16	17	575
471	HRACD80	209889 05/22/98	pCMVSport 3.0	~~858~~ 859	1958	1	1958	191	191	~~1795~~ 1797	1	16	17	146
472	HRDDV47	209628 02/12/98	Uni-ZAP XR	482	1510	1	1510	146	146	~~1419~~ 1420	1	30	31	276
473	HRDFD27	209423 10/30/97	Uni-ZAP XR	483	805	1	805	82	82	~~1420~~ 1421	1	35	36	83
474	HROAJ03	209423 10/30/97	Uni-ZAP XR	484	1182	1	1182	19	19	~~1421~~ 1422	1	20	21	192
475	HRTAE58	209241 09/12/97	~~pBluescriptpB~~ LUESCRIPT™ SK-	485	600	1	600	244	244	~~1422~~ 1423	1	18	19	58

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
476	HSATR82	209299 09/25/97	Uni-ZAP XR	486	777	1	777	74	74	~~1423~~ 1424	1	15	16	41
477	HSAUK57	209148 07/17/97	Uni-ZAP XR	487	1037	1	1037	322	322	~~1424~~ 1425	1	26	27	83
477	HSAUK57	209148 07/17/97	Uni-ZAP XR	~~859~~ 860	1070	1	1070	327	327	~~1796~~ 1798	1	26	27	48
478	HSAUL82	209148 07/17/97	Uni-ZAP XR	488	727	1	727	140	140	~~1425~~ 1426	1	25	26	49
479	HSAVH65	209651 03/04/98	Uni-ZAP XR	489	600	1	600	104	104	~~1426~~ 1427	1	21	22	100
480	HSAVK10	209368 10/16/97	Uni-ZAP XR	490	1242	1	1242	131	131	~~1427~~ 1428	1	32	33	40
481	HSAWD74	209126 06/19/97	Uni-ZAP XR	491	970	106	970	142	142	~~1428~~ 1429	1	26	27	142
481	HSAWD74	209126 06/19/97	Uni-ZAP XR	~~860~~ 861	646	1	646	122	122	~~1797~~ 1799	1	29	30	45
482	HSAWZ41	209463 11/14/97	Uni-ZAP XR	492	1388	1	1388	98	98	~~1429~~ 1430	1	24	25	57
483	HSAXA83	209324 10/02/97	Uni-ZAP XR	493	649	1	649	92	92	~~1430~~ 1431	1	22	23	74
484	HSAYB43	209568 01/06/98	Uni-ZAP XR	494	1699	37	1699	89	89	~~1431~~ 1432	1	14	15	45
485	HSAYM40	209139 07/03/97	Uni-ZAP XR	495	433	1	433	190	190	~~1432~~ 1433	1	19	20	63
486	HSDAJ46	209746 04/07/98	Uni-ZAP XR	496	1537	92	1537	299	299	~~1433~~ 1434	1	18	19	262

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
487	HSDEK49	209603 01/29/98	Uni-ZAP XR	497	1782	1	1782	60	60	~~1434~~ 1435	1	19	20	399
487	HSDEK49	209603 01/29/98	Uni-ZAP XR	~~861~~ 862	1590	96	1590	126	126	~~1798~~ 1800	1	21	22	305
488	HSDER95	209683 03/20/98	Uni-ZAP XR	498	574	1	574	72	72	~~1435~~ 1436	1	25	26	71
489	HSDEZ20	209852 05/07/98	Uni-ZAP XR	499	795	1	795	58	58	~~1436~~ 1437	1	41	42	122
489	HSDEZ20	209852 05/07/98	Uni-ZAP XR	~~862~~ 863	1540	1	1540	66	66	~~1799~~ 1801	1	41	42	97
490	HSDFW45	209551 12/12/97	Uni-ZAP XR	500	1742	1	1742	118	118	~~1437~~ 1438	1	19	20	70
491	HSDJA15	203081 07/30/98	Uni-ZAP XR	501	1443	1	1443	247	247	~~1438~~ 1439	1	20	21	152
492	HSDJJ82	209126 06/19/97	Uni-ZAP XR	502	462	1	462	79	79	~~1439~~ 1440	1	32	33	52
493	HSDJL42	PTA-884 10/28/99	Uni-ZAP XR	503	2541	1	2523	84	84	~~1440~~ 1441	1	33	34	217
493	HSDJL42	PTA-884 10/28/99	Uni-ZAP XR	~~863~~ 864	2467	1	2467	27	27	~~1800~~ 1802	1	35	36	219
493	HSDJL42	PTA-884 10/28/99	Uni-ZAP XR	~~864~~ 865	2541	1	2523	78	78	~~1801~~ 1803	1	35	36	219
494	HSDJM31	209148 07/17/97	Uni-ZAP XR	504	561	1	561	351	351	~~1441~~ 1442	1	25	26	40

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
495	HSDSB09	209145 07/17/97	~~pBluescriptpB~~LUESCRIPT™	505	809	1	809	16	16	~~1442~~ 1443	1	17	18	135
495	HSDSB09	209145 07/17/97	~~pBluescriptpB~~LUESCRIPT™	~~865~~ 866	819	1	819	22	22	~~1802~~ 1804	1	17	18	121
496	HSDSE75	209324 10/02/97	~~pBluescriptpB~~LUESCRIPT™	506	1151	1	1151	160	160	~~1443~~ 1444	1	18	19	181
497	HSDZR57	209641 02/25/98	~~pBluescriptpB~~LUESCRIPT™	507	308	1	308	27	27	~~1444~~ 1445	1	27	28	61
498	HSHAX21	209853 05/07/98	Uni-ZAP XR	508	1986	1	1986	177	177	~~1445~~ 1446	1	13	14	72
499	HSIAS17	209226 08/28/97	Uni-ZAP XR	509	1781	1	1781	431	431	~~1446~~ 1447	1	22	23	257
499	HSIAS17	209226 08/28/97	Uni-ZAP XR	~~866~~ 867	1448	1	1224	108	108	~~1803~~ 1805	1	23	24	218
500	HSICV24	209580 01/14/98	Uni-ZAP XR	510	1410	1	1410	117	117	~~1447~~ 1448	1	16	17	256
500	HSICV24	209580 01/14/98	Uni-ZAP XR	~~867~~ 868	1450	1	1450	150	150	~~1804~~ 1806	1	15	16	58
501	HSIDJ81	209551 12/12/97	Uni-ZAP XR	511	1303	1	1303	8	8	~~1448~~ 1449	1	22	23	58
502	HSIDX71	PTA-843 10/13/99	Uni-ZAP XR	512	2118	1	2118	200	200	~~1449~~ 1450	1	41	42	59

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
502	HSIDX71	PTA-843 10/13/99	Uni-ZAP XR	~~868~~ 869	1868	1	1868	200	200	~~1805~~ 1807	1	41	42	59
503	HSJBQ79	97924 03/07/97	Uni-ZAP XR	513	587	1	587	41	41	~~1450~~ 1452	1	23	24	182
503	HSJBQ79	97924 03/07/97	Uni-ZAP XR	~~869~~ 870	1507	164	608	57	57	~~1806~~ 1808	1	19	20	327
503	HSJBQ79	97924 03/07/97	Uni-ZAP XR	~~870~~ 871	586	4	586	35	35	~~1807~~ 1809	1	23	24	184
504	HSKCP69	209009 04/28/97	Uni-ZAP XR	514	1251	219	1120	49	49	~~1451~~ 1453	1	27	28	286
504	HSKCP69	209009 04/28/97	Uni-ZAP XR	~~871~~ 872	1250	223	1250	393	393	~~1808~~ 1810	1	31	32	171
505	HSKDA27	PTA-322 07/09/99	Uni-ZAP XR	515	4412	1	4412	786	786	~~1452~~ 1453	1	24	25	950
505	HSKDA27	PTA-322 07/09/99	Uni-ZAP XR	~~872~~ 873	1792	134	1792	127	127	~~1809~~ 1811	1	21	22	509
505	HSKDA27	PTA-322 07/09/99	Uni-ZAP XR	~~873~~ 874	1673	1	1673	12	12	~~1810~~ 1812	1	21	22	554
506	HSKHZ81	209346 10/09/97	~~pBluescriptpB~~ LUESCRIPT™	516	969	1	969	64	64	~~1453~~ 1454	1	27	28	247
506	HSKHZ81	209346 10/09/97	~~pBluescriptpB~~ LUESCRIPT™	~~874~~ 875	988	1	967	57	57	~~1811~~ 1813	1	27	28	247

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
507	HSKNB56	209346 10/09/97	~~pBluescriptpB~~LUESCRIPT™	517	1334	449	1334	484	484	~~1454~~ 1455	1	25	26	85
508	HSLCQ82	209551 12/12/97	Uni-ZAP XR	518	1476	1	1476	226	226	~~1455~~ 1456	1	28	29	84
508	HSLCQ82	209551 12/12/97	Uni-ZAP XR	~~875~~ 876	1501	1	1501	233	233	~~1812~~ 1814	1	22	23	57
509	HSLJG37	PTA-855 10/18/99	Uni-ZAP XR	519	2126	1	2126	114	114	~~1456~~ 1457	1	16	17	42
509	HSLJG37	PTA-855 10/18/99	Uni-ZAP XR	~~876~~ 877	1083	1	1083	206	206	~~1813~~ 1815	1	16	17	42
509	HSLJG37	PTA-855 10/18/99	Uni-ZAP XR	~~877~~ 878	1904	1	1904		1331	~~1814~~ 1816	1			6
510	HSODE04	PTA-855 10/18/99	Uni-ZAP XR	520	1370	1	1370	202	202	~~1457~~ 1458	1	20	21	41
510	HSODE04	PTA-855 10/18/99	Uni-ZAP XR	~~878~~ 879	1937	1	1937	300	300	~~1815~~ 1817	1	20	21	41
511	HSPBF70	203105 08/13/98	pSport1	521	1397	288	1397	429	429	~~1458~~ 1459	1	19	20	97
512	HSQEO84	97974 04/04/97 209080 05/29/97	Uni-ZAP XR	522	931	1	931	87	87	~~1459~~ 1460	1	20	21	218

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
512	HSQEO84	97974 04/04/97 209080 05/29/97	Uni-ZAP XR	~~879~~ 880	971	13	971	91	91	~~1816~~ 1818	1	19	20	218
512	HSQEO84	97974 04/04/97 209080 05/29/97	Uni-ZAP XR	~~880~~ 881	968	8	968	86	86	~~1817~~ 1819	1	20	21	56
513	HSSAJ29	209626 02/12/98	Uni-ZAP XR	523	1044	1	1044	103	103	~~1460~~ 1461	1	25	26	47
514	HSSDX51	209683 03/20/98	Uni-ZAP XR	524	1143	1	1143	133	133	~~1461~~ 1462	1	20	21	50
515	HSSFT08	209551 12/12/97	Uni-ZAP XR	525	791	1	791	125	125	~~1462~~ 1463	1	34	35	58
516	HSSGD52	PTA-1543 03/21/00	Uni-ZAP XR	526	2425	1	2425	344	344	~~1463~~ 1464	1	32	33	606
516	HSSGD52	PTA-1543 03/21/00	Uni-ZAP XR	~~881~~ 882	2460	105	2460	338	338	~~1818~~ 1820	1	27	28	606
517	HSSGG82	209580 01/14/98	Uni-ZAP XR	527	1543	186	1543	203	203	~~1464~~ 1465	1	17	18	62
518	HSSJC35	209853 05/07/98	Uni-ZAP XR	528	1174	1	1174	62	62	~~1465~~ 1466	1	28	29	295
518	HSSJC35	209853 05/07/98	Uni-ZAP XR	~~882~~ 883	1163	1	1163	55	55	~~1819~~ 1821	1	30	31	295
518	HSSJC35	209853 05/07/98	Uni-ZAP XR	~~883~~ 884	1183	1	1183	66	66	~~1820~~ 1822	1	30	31	37

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
519	HSTBJ86	203027 06/26/98	Uni-ZAP XR	529	1766	1	1766	120	120	~~1466~~ 1467	1	24	25	83
520	HSUBW09	209007 04/28/97 209083 05/29/97	Uni-ZAP XR	530	1021	1	1021	153	153	~~1467~~ 1468	1	31	32	56
521	HSVAM10	209244 09/12/97	Uni-ZAP XR	531	433	1	433	46	46	~~1468~~ 1469	1	27	28	51
522	HSVAT68	209641 02/25/98	Uni-ZAP XR	532	1155	1	1155	63	63	~~1469~~ 1470	1	25	26	88
523	HSVBU91	209603 01/29/98	Uni-ZAP XR	533	727	1	727	256	256	~~1470~~ 1471	1	18	19	90
524	HSXCG83	203570 01/11/99	Uni-ZAP XR	534	2112	233	1573	101	101	~~1471~~ 1472	1	45	46	267
524	HSXCG83	203570 01/11/99	Uni-ZAP XR	~~884~~ 885	1938	58	1399	211	211	~~1821~~ 1823	1	22	23	172
525	HSXEQ06	PTA-847 10/13/99	Uni-ZAP XR	535	1598	1	1598	123	123	~~1472~~ 1473	1	24	25	60
525	HSXEQ06	PTA-847 10/13/99	Uni-ZAP XR	~~885~~ 886	768	21	768	136	136	~~1822~~ 1824	1	24	25	60
525	HSXEQ06	PTA-847 10/13/99	Uni-ZAP XR	~~886~~ 887	1392	1	1392		1271	~~1823~~ 1825	1	9	10	17
526	HSXGI47	PTA-499 08/11/99	Uni-ZAP XR	536	1256	1	1256	87	87	~~1473~~ 1474	1	21	22	57
527	HSYAV50	PTA-1544 03/21/00	pCMVSport 3.0	537	2801	1	2801	155	155	~~1474~~ 1475	1	23	24	672

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
528	HSYAV66	209746 04/07/98	pCMVSport 3.0	538	1407	1	1407	186	186	~~1475~~ 1476	1	28	29	69
529	HSYAZ50	PTA-849 10/13/99	pCMVSport 3.0	539	1097	1	1097	131	131	~~1476~~ 1477	1	18	19	56
529	HSYAZ50	PTA-849 10/13/99	pCMVSport 3.0	~~887~~ 888	768	226	768	345	345	~~1824~~ 1826	1	18	19	56
529	HSYAZ50	PTA-849 10/13/99	pCMVSport 3.0	~~888~~ 889	2087	770	875		723	~~1825~~ 1827	1	1	2	106
529	HSYAZ50	PTA-849 10/13/99	pCMVSport 3.0	~~889~~ 890	2096	1767	2050		2	~~1826~~ 1828	1	1	2	279
530	HSYAZ63	PTA-163 06/01/99	pCMVSport 3.0	540	3466	1655	3347	448	448	~~1477~~ 1478	1	30	31	434
530	HSYAZ63	PTA-163 06/01/99	pCMVSport 3.0	~~890~~ 891	1707	1	1707	215	215	~~1827~~ 1829	1	21	22	40
531	HSYBG37	209463 11/14/97	pCMVSport 3.0	541	1238	1	1238	47	47	~~1478~~ 1479	1	24	25	305
531	HSYBG37	209463 11/14/97	pCMVSport 3.0	~~891~~ 892	1239	1	1239	48	48	~~1828~~ 1830	1	24	25	305
532	HSZAF47	209124 06/19/97	Uni-ZAP XR	542	1304	1	1304	106	106	~~1479~~ 1480	1	16	17	289
532	HSZAF47	209124 06/19/97	Uni-ZAP XR	~~892~~ 893	1333	2	1333	107	107	~~1829~~ 1831	1	18	19	127
533	HT3SF53	PTA-499 08/11/99	Uni-ZAP XR	543	1926	1	1926	184	184	~~1480~~ 1481	1	27	28	68
534	HT5GJ57	209889 05/22/98	Uni-ZAP XR	544	1773	1	1773	105	105	~~1481~~ 1482	1	25	26	243

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
534	HT5GJ57	209889 05/22/98	Uni-ZAP XR	~~893~~ 894	1797	92	1797	122	122	~~1830~~ 1832	1	25	26	190
535	HTADW91	PTA-1543 03/21/00	Uni-ZAP XR	545	1481	54	1481	59	59	~~1482~~ 1483	1	32	33	364
536	HTADX17	209124 06/19/97	Uni-ZAP XR	546	1147	0	1148	92	92	~~1483~~ 1484	1	23	24	142
536	HTADX17	209124 06/19/97	Uni-ZAP XR	~~894~~ 895	1140	22	1140	84	84	~~1831~~ 1833	1	19	20	142
537	HTAEE28	PTA-843 10/13/99	Uni-ZAP XR	547	1341	1	1341	319	319	~~1484~~ 1485	1	33	34	282
537	HTAEE28	PTA-843 10/13/99	Uni-ZAP XR	~~895~~ 896	738	159	738	372	372	~~1832~~ 1834	1	33	34	122
537	HTAEE28	PTA-843 10/13/99	Uni-ZAP XR	~~896~~ 897	935	1	807		124	~~1833~~ 1835	1	1	2	216
538	HTDAF28	97974 04/04/97 209080 05/29/97	pSport1	548	912	1	912	38	38	~~1485~~ 1486	1	22	23	87
539	HTEAF65	PTA-322 07/09/99	Uni-ZAP XR	549	563	1	563	135	135	~~1486~~ 1487	1	19	20	75
540	HTEBI28	209177 07/24/97	Uni-ZAP XR	550	413	1	413	43	43	~~1487~~ 1488	1	20	21	67
541	HTEDF80	209511 12/03/97	Uni-ZAP XR	551	1306	1	1306	696	696	~~1488~~ 1489	1	21	22	126
542	HTEDY42	209241 09/12/97	Uni-ZAP XR	552	754	1	754	19	19	~~1489~~ 1490	1	23	24	233

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
542	HTEDY42	209241 09/12/97	Uni-ZAP XR	~~897~~ 898	810	1	810	19	19	~~1834~~ 1836	1	23	24	77
543	HTEFU65	209324 10/02/97	Uni-ZAP XR	553	1028	1	1028	231	231	~~1490~~ 1491	1	24	25	46
544	HTEGA76	97958 03/13/97 209072 05/22/97	Uni-ZAP XR	554	450	1	450	90	90	~~1491~~ 1492	1	43	44	65
545	HTEGI42	PTA-842 10/13/99	Uni-ZAP XR	555	978	1	978	26	26	~~1492~~ 1493	1	19	20	257
545	HTEGI42	PTA-842 10/13/99	Uni-ZAP XR	~~898~~ 899	1092	1	1092	145	145	~~1835~~ 1837	1	19	20	257
545	HTEGI42	PTA-842 10/13/99	Uni-ZAP XR	~~899~~ 900	284	1	133		1	~~1836~~ 1838	1	1	2	94
545	HTEGI42	PTA-842 10/13/99	Uni-ZAP XR	~~900~~ 901	1494	754	937		1081	~~1837~~ 1839	1	1	2	82
545	HTEGI42	PTA-842 10/13/99	Uni-ZAP XR	~~901~~ 902	1014	1	806		670	~~1838~~ 1840	1	1	2	60
546	HTEHR24	209224 08/28/97	Uni-ZAP XR	556	1075	50	1075	84	84	~~1493~~ 1494	1	29	30	163
546	HTEHR24	209224 08/28/97	Uni-ZAP XR	~~902~~ 903	1038	1	1038	41	41	~~1839~~ 1841	1	28	29	124
547	HTEHU93	209090 06/05/97	Uni-ZAP XR	557	738	1	738	188	188	~~1494~~ 1495	1	24	25	142
547	HTEHU93	209090 06/05/97	Uni-ZAP XR	~~903~~ 904	745	1	745	187	187	~~1840~~ 1842	1	24	25	113

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
548	HTEIP36	209244 09/12/97	Uni-ZAP XR	558	752	1	752	22	22	~~1495~~ 1496	1	19	20	58
549	HTEIV80	209511 12/03/97	Uni-ZAP XR	559	1748	1	1748	203	203	~~1496~~ 1497	1	14	15	47
550	HTEJN13	97958 03/13/97 209072 05/22/97	Uni-ZAP XR	560	1094	1	1094	156	156	~~1497~~ 1498	1	15	16	208
550	HTEJN13	97958 03/13/97 209072 05/22/97	Uni-ZAP XR	~~904~~ 905	1147	1	1147	163	163	~~1841~~ 1843	1	15	16	159
550	HTEJN13	97958 03/13/97 209072 05/22/97	Uni-ZAP XR	~~905~~ 906	1134	1	1134	155	155	~~1842~~ 1844	1	19	20	71
551	HTELM16	203648 02/09/99	Uni-ZAP XR	561	531	1	531	121	121	~~1498~~ 1499	1	21	22	84
552	HTEPG70	203570 01/11/99	Uni-ZAP XR	562	813	1	813	365	365	~~1499~~ 1500	1	27	28	89
553	HTGAU75	209563 12/18/97	Uni-ZAP XR	563	1713	1	1713	149	149	~~1500~~ 1501	1	33	34	142
554	HTGEP89	97977 04/04/97 209082 05/29/97	Uni-ZAP XR	564	703	1	703	285	285	~~1501~~ 1502	1	29	30	94

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
555	HTHBG43	PTA-843 10/13/99	Uni-ZAP XR	565	848	1	848	47	47	~~1502~~ 1503	1			39
555	HTHBG43	PTA-843 10/13/99	Uni-ZAP XR	~~906~~ 907	632	103	632	149	149	~~1843~~ 1845	1			39
556	HTHCA18	PTA-844 10/13/99	Uni-ZAP XR	566	1818	1	1818	231	231	~~1503~~ 1504	1	15	16	38
556	HTHCA18	PTA-844 10/13/99	Uni-ZAP XR	~~907~~ 908	2036	1	2036	224	224	~~1844~~ 1846	1	15	16	38
557	HTHDJ94	209746 04/07/98	Uni-ZAP XR	567	1632	20	1632	66	66	~~1504~~ 1505	1	26	27	292
558	HTHDS25	203071 07/27/98	Uni-ZAP XR	568	1061	1	1061	70	70	~~1505~~ 1506	1	15	16	90
559	HTJMA95	209853 05/07/98	pCMVSport 2.0	569	1650	198	1569	527	527	~~1506~~ 1507	1	22	23	181
560	HTJML75	PTA-868 10/26/99	pCMVSport 2.0	570	2762	1	2762	30	30	~~1507~~ 1508	1	1	2	822
560	HTJML75	PTA-868 10/26/99	pCMVSport 2.0	~~908~~ 909	2694	21	2694		335	~~1845~~ 1847	1	20	21	64
561	HTLAA40	209241 09/12/97	Uni-ZAP XR	571	956	1	956	33	33	~~1508~~ 1509	1	28	29	71
562	HTLBE23	PTA-842 10/13/99	Uni-ZAP XR	572	1216	1	1216	129	129	~~1509~~ 1510	1	17	18	45
562	HTLBE23	PTA-842 10/13/99	Uni-ZAP XR	~~909~~ 910	810	286	810		205	~~1846~~ 1848	1			5
563	HTLEP53	209641 02/25/98	Uni-ZAP XR	573	818	1	818	73	73	~~1510~~ 1511	1	43	44	101

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
564	HTLFE42	209138 07/03/97	Uni-ZAP XR	574	712	1	712	116	116	~~1511~~ 1512	1	22	23	77
565	HTLFE57	PTA-1543 03/21/00	Uni-ZAP XR	575	2248	1	2248	124	124	~~1512~~ 1513	1	17	18	188
565	HTLFE57	PTA-1543 03/21/00	Uni-ZAP XR	~~910~~ 911	2298	1157	2214	189	189	~~1847~~ 1849	1	18	19	170
565	HTLFE57	PTA-1543 03/21/00	Uni-ZAP XR	~~911~~ 912	928	1	928	110	110	~~1848~~ 1850	1	18	19	170
566	HTLGE31	PTA-2081 06/09/00	Uni-ZAP XR	576	534	1	534	51	51	~~1513~~ 1514	1	17	18	86
567	HTLHY14	203648 02/09/99	Uni-ZAP XR	577	1032	1	1032	36	36	~~1514~~ 1515	1	17	18	246
568	HTLIT32	203570 01/11/99	Uni-ZAP XR	578	1074	164	897	288	288	~~1515~~ 1516	1	26	27	246
569	HTLIV19	PTA-2081 06/09/00	Uni-ZAP XR	579	978	1	978	110	110	~~1516~~ 1517	1	33	34	84
570	HTNBO91	209241 09/12/97	~~pBluescriptpB~~ LUESCRIPT™ SK-	580	300	1	300	7	7	~~1517~~ 1518	1	26	27	40
571	HTOAK16	209368 10/16/97	Uni-ZAP XR	581	1466	1	1466	87	87	~~1518~~ 1519	1	18	19	110
572	HTODK73	209244 09/12/97	Uni-ZAP XR	582	1019	4	1019	43	43	~~1519~~ 1520	1	23	24	59
573	HTODO72	209299 09/25/97	Uni-ZAP XR	583	973	1	973	183	183	~~1520~~ 1521	1	16	17	24

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
574	HTOGR42	209603 01/29/98	Uni-ZAP XR	584	1430	1	1430	14	14	~~1521~~ 1522	1	18	19	56
574	HTOGR42	209603 01/29/98	Uni-ZAP XR	~~912~~ 913	1433	1	1433	13	13	~~1849~~ 1851	1	18	19	60
575	HTOHM15	PTA-843 10/13/99	Uni-ZAP XR	585	1949	1	1949	30	30	~~1522~~ 1523	1	20	21	61
575	HTOHM15	PTA-843 10/13/99	Uni-ZAP XR	~~913~~ 914	408	1	408	23	23	~~1850~~ 1852	1	20	21	61
575	HTOHM15	PTA-843 10/13/99	Uni-ZAP XR	~~914~~ 915	1299	982	1274		71	~~1851~~ 1853	1	1	2	322
575	HTOHM15	PTA-843 10/13/99	Uni-ZAP XR	~~915~~ 916	1669	1	1622		1555	~~1852~~ 1854	1	9	10	13
576	HTOHT18	209745 04/07/98	Uni-ZAP XR	586	1499	267	1499	433	433	~~1523~~ 1524	1	24	25	53
577	HTOIY21	209852 05/07/98	Uni-ZAP XR	587	1558	1	1558	91	91	~~1524~~ 1525	1	14	15	231
578	HTOIZ02	PTA-843 10/13/99	Uni-ZAP XR	588	549	1	549	243	243	~~1525~~ 1526	1	16	17	50
578	HTOIZ02	PTA-843 10/13/99	Uni-ZAP XR	~~916~~ 917	1369	746	1345		2	~~1853~~ 1855	1	1	2	240
579	HTOJA73	203105 08/13/98	Uni-ZAP XR	589	1294	1	1294	100	100	~~1526~~ 1527	1	21	22	41
580	HTOJK60	209324 10/02/97	Uni-ZAP XR	590	904	1	904	217	217	~~1527~~ 1528	1	18	19	32
581	HTPBW79	209511 12/03/97	Uni-ZAP XR	591	1374	1	1374	178	178	~~1528~~ 1529	1	22	23	362

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
581	HTPBW79	209511 12/03/97	Uni-ZAP XR	~~917~~ 918	1515	118	1507	302	302	~~1854~~ 1856	1	24	25	362
581	HTPBW79	209511 12/03/97	Uni-ZAP XR	~~918~~ 919	1404	1	1404	92	92	~~1855~~ 1857	1	22	23	415
582	HTSEW17	209138 07/03/97	~~pBluescriptpB~~ LUESCRIPT™	592	652	1	652	170	170	~~1529~~ 1530	1	34	35	37
583	HTTDB46	203484 11/17/98	Uni-ZAP XR	593	3059	1	3059	55	55	~~1530~~ 1531	1	17	18	318
583	HTTDB46	203484 11/17/98	Uni-ZAP XR	~~919~~ 920	2008	215	2008	153	153	~~1856~~ 1858	1	17	18	461
584	HTWCT03	209086 05/29/97	pSport1	594	1963	1	1963	334	334	~~1531~~ 1532	1	26	27	101
585	HTWDF76	209852 05/07/98	pSport1	595	963	1	963	316	316	~~1532~~ 1533	1	24	25	85
586	HTXAJ12	209423 10/30/97	Uni-ZAP XR	596	675	1	675	91	91	~~1533~~ 1534	1	18	19	111
586	HTXAJ12	209423 10/30/97	Uni-ZAP XR	~~920~~ 921	675	1	675	91	91	~~1857~~ 1859	1	18	19	111
587	HTXCV12	209423 10/30/97	Uni-ZAP XR	597	1134	1	1134	175	175	~~1534~~ 1535	1	27	28	102
587	HTXCV12	209423 10/30/97	Uni-ZAP XR	~~921~~ 922	1162	1	1162	183	183	~~1858~~ 1860	1	27	28	91
588	HTXDW56	209746 04/07/98	Uni-ZAP XR	598	1583	1	1583	217	217	~~1535~~ 1536	1	21	22	201

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
589	HTXFL30	209603 01/29/98	Uni-ZAP XR	599	1991	1	1991	30	30	~~1536~~ 1537	1	39	40	102
590	HTXKF95	PTA-622 09/02/99	Uni-ZAP XR	600	975	170	966	421	421	~~1537~~ 1538	1	28	29	78
590	HTXKF95	PTA-622 09/02/99	Uni-ZAP XR	~~922~~ 923	884	79	875	330	330	~~1859~~ 1861	1	28	29	78
591	HTXKP61	203364 10/19/98	Uni-ZAP XR	601	1209	1	1209	169	169	~~1538~~ 1539	1	33	34	42
592	HUDBZ89	209407 10/23/97	ZAP Express	602	2135	1	2135	1085	1085	~~1539~~ 1540	1	17	18	73
592	HUDBZ89	209407 10/23/97	ZAP Express	~~923~~ 924	1265	1	1265	197	197	~~1860~~ 1862	1	17	18	54
593	HUFBY15	PTA-1543 03/21/00	pSport1	603	1193	1	1193	49	49	~~1540~~ 1541	1	26	27	159
593	HUFBY15	PTA-1543 03/21/00	pSport1	~~924~~ 925	1012	1	1012	74	74	~~1861~~ 1863	1	26	27	145
594	HUFEF62	209852 05/07/98	pSport1	604	518	1	518	190	190	~~1541~~ 1542	1	28	29	68
594	HUFEF62	209852 05/07/98	pSport1	~~925~~ 926	539	1	539	182	182	~~1862~~ 1864	1	28	29	68
595	HUKAH51	209568 01/06/98	Lambda ZAP II	605	853	1	853	286	286	~~1542~~ 1543	1	20	21	151
595	HUKAH51	209568 01/06/98	Lambda ZAP II	~~926~~ 927	754	1	754	144	144	~~1863~~ 1865	1	22	23	142
595	HUKAH51	209568 01/06/98	Lambda ZAP II	~~927~~ 928	667	1	667	55	55	~~1864~~ 1866	1	22	23	119

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
596	HUKBT29	209746 04/07/98	Lambda ZAP II	606	1757	56	1757	74	74	~~1543~~ 1544	1	19	20	506
597	HUSIG64	209423 10/30/97	pSport1	607	1010	1	1010	9	9	~~1544~~ 1545	1	21	22	334
598	HUSXS50	209651 03/04/98	pSport1	608	2561	1	2561	280	280	~~1545~~ 1546	1	19	20	522
598	HUSXS50	209651 03/04/98	pSport1	~~928~~ 929	2025	1098	1997	281	281	~~1865~~ 1867	1	30	31	462
598	HUSXS50	209651 03/04/98	pSport1	~~929~~ 930	1020	1	1020	179	179	~~1866~~ 1868	1	23	24	174
599	HVARW53	PTA-2076 06/09/00	pSport1	609	1015	1	1015	111	111	~~1546~~ 1547	1	34	35	186
599	HVARW53	PTA-2076 06/09/00	pSport1	~~930~~ 931	1006	1	1006	96	96	~~1867~~ 1869	1	34	35	164
600	HWAAD63	203570 01/11/99	pCMVSport 3.0	610	3308	1	3308	322	322	~~1547~~ 1548	1	30	31	168
600	HWAAD63	203570 01/11/99	pCMVSport 3.0	~~931~~ 932	3306	1	3306	322	322	~~1868~~ 1870	1	30	31	53
600	HWAAD63	203570 01/11/99	pCMVSport 3.0	~~932~~ 933	2194	1	2194	312	312	~~1869~~ 1871	1	30	31	169
601	HWABA81	209463 11/14/97	pCMVSport 3.0	611	866	1	866	57	57	~~1548~~ 1549	1	21	22	48
602	HWABY10	203071 07/27/98	pCMVSport 3.0	612	2950	78	2914	263	263	~~1549~~ 1550	1	22	23	168
603	HWADJ89	PTA-1543 03/21/00	pCMVSport 3.0	613	1769	529	1769	581	581	~~1550~~ 1551	1	1	2	43

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
604	HWBAO62	209603 01/29/98	pCMVSport 3.0	614	1903	1	1903	52	52	~~1551~~ 1552	1	30	31	212
604	HWBAO62	209603 01/29/98	pCMVSport 3.0	~~933~~ 934	1940	1	1940	81	81	~~1870~~ 1872	1	30	31	101
605	HWBAR88	PTA-867 10/26/99	pCMVSport 3.0	615	1051	1	1051	156	156	~~1552~~ 1553	1	18	19	75
606	HWBCB89	PTA-499 08/11/99	pCMVSport 3.0	616	1317	3	1317	37	37	~~1553~~ 1554	1	19	20	187
606	HWBCB89	PTA-499 08/11/99	pCMVSport 3.0	~~934~~ 935	1315	1	1315	35	35	~~1871~~ 1873	1	19	20	187
607	HWBCP79	209641 02/25/98	pCMVSport 3.0	617	1138	1	1138	243	243	~~1554~~ 1555	1	21	22	105
607	HWBCP79	209641 02/25/98	pCMVSport 3.0	~~935~~ 936	1138	1	1138	233	233	~~1872~~ 1874	1	21	22	105
608	HWBDP28	209641 02/25/98	pCMVSport 3.0	618	1841	1	1841	1342	1342	~~1555~~ 1556	1	25	26	67
608	HWBDP28	209641 02/25/98	pCMVSport 3.0	~~936~~ 937	314	1	314	132	132	~~1873~~ 1875	1	25	26	61
609	HWBFE57	PTA-868 10/26/99	pCMVSport 3.0	619	1133	36	1133	227	227	~~1556~~ 1557	1	36	37	302
609	HWBFE57	PTA-868 10/26/99	pCMVSport 3.0	~~937~~ 938	5811	3302	5811		3300	~~1874~~ 1876	1	16	17	37
609	HWBFE57	PTA-868 10/26/99	pCMVSport 3.0	~~938~~ 939	1012	1	1012		622	~~1875~~ 1877	1	10	11	16
610	HWDAC39	209641 02/25/98	pCMVSport 3.0	620	753	1	753	96	96	~~1557~~ 1558	1	20	21	110

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
610	HWDAC39	209641 02/25/98	pCMVSport 3.0	~~939~~ 940	734	1	734	85	85	~~1876~~ 1878	1	20	21	117
611	HWDAH38	PTA-868 10/26/99	pCMVSport 3.0	621	1604	1	1604	255	255	~~1558~~ 1559	1	20	21	40
611	HWDAH38	PTA-868 10/26/99	pCMVSport 3.0	~~940~~ 941	796	1	796	319	319	~~1877~~ 1879	1	20	21	40
612	HWHGP71	203858 03/18/99	pCMVSport 3.0	622	1021	1	1021	389	389	~~1559~~ 1560	1	51	52	211
612	HWHGP71	203858 03/18/99	pCMVSport 3.0	~~941~~ 942	1037	1	1037	394	394	~~1878~~ 1880	1	18	19	77
613	HWHGQ49	209641 02/25/98	pCMVSport 3.0	623	985	1	985	511	511	~~1560~~ 1561	1	17	18	90
613	HWHGQ49	209641 02/25/98	pCMVSport 3.0	~~942~~ 943	1410	33	1410	306	306	~~1879~~ 1881	1	22	23	150
614	HWHGU54	209782 04/20/98	pCMVSport 3.0	624	1445	1	1445	145	145	~~1561~~ 1562	1	19	20	414
615	HWHGZ51	PTA-499 08/11/99	pCMVSport 3.0	625	1699	1	1699	33	33	~~1562~~ 1563	1	30	31	346
616	HWHHL34	203181 09/09/98	pCMVSport 3.0	626	1529	95	1529	131	131	~~1563~~ 1564	1	30	31	188
616	HWHHL34	203181 09/09/98	pCMVSport 3.0	~~943~~ 944	1796	1	1796	209	209	~~1880~~ 1882	1	31	32	102
616	HWHHL34	203181 09/09/98	pCMVSport 3.0	~~944~~ 945	2136	1	2136	101	101	~~1881~~ 1883	1	30	31	188
617	HWLEV32	PTA-884 10/28/99	pSport1	627	1218	1	1218	39	39	~~1564~~ 1565	1	18	19	45

Gene No.	cDNA Clone ID	~~ATCC~~ATCC™ Deposit No:Z and Date	Vector	NT SEQ ID NO: X	Total NT Seq.	5' NT of Clone Seq.	3' NT of Clone Seq.	5' NT of Start Codon	5' NT of First AA of Signal Pep	AA SEQ ID NO:Y	First AA of Sig Pep	Last AA of Sig Pep	First AA of Secreted Portion	Last AA of ORF
617	HWLEV32	PTA-884 10/28/99	pSport1	~~945~~ 946	1203	1	1203	29	29	~~1882~~ 1884	1	18	19	45
617	HWLEV32	PTA-884 10/28/99	pSport1	~~946~~ 947	1144	528	596		3	~~1883~~ 1885	1	1	2	136
617	HWLEV32	PTA-884 10/28/99	pSport1	~~947~~ 948	1120	791	851		1	~~1884~~ 1886	1	1	2	141
618	HWLIH65	203081 07/30/98	pSport1	628	831	1	831	129	129	~~1565~~ 1566	1	18	19	165
619	HWTBK81	209138 07/03/97	Uni-ZAP XR	629	637	78	635	139	139	~~1566~~ 1567	1	23	24	155
620	HYAAJ71	203517 12/10/98	pCMVSport 3.0	630	3337	1	3337	190	190	~~1567~~ 1568	1	31	32	62
621	HUSBA88	PTA-623 09/02/99	Lambda ZAP II	631	2733	27	2733	270	270	1569	1	15	16	615

Table 1B (Comprised of Tables 1B.1 and 1B.2)

The first column in Table 1B.1 and Table 1B.2 provides the gene number in the application corresponding to the clone identifier. The second column in Table 1B.1 and Table 1B.2 provides a unique "Clone ID:" for the cDNA clone related to each contig sequence disclosed in Table 1B.1 and Table 1B.2. This clone ID references the cDNA clone which contains at least the 5' most sequence of the assembled contig and at least a portion of SEQ ID NO:X as determined by directly sequencing the referenced clone. The referenced clone may have more sequence than described in the sequence listing or the clone may have less. In the vast majority of cases, however, the clone is believed to encode a full-length polypeptide. In the case where a clone is not full-length, a full-length cDNA can be obtained by methods described elsewhere herein. The third column in Table 1B.1 and Table 1B.2 provides a unique "Contig ID" identification for each contig sequence. The fourth column in Table 1B.1 and Table 1B.2 provides the "SEQ ID NO:" identifier for each of the contig polynucleotide sequences disclosed in Table 1B.

Table 1B.1

The fifth column in Table 1B.1, "ORF (From-To)", provides the location (i.e., nucleotide position numbers) within the polynucleotide sequence "SEQ ID NO:X" that delineate the preferred open reading frame (ORF) shown in the sequence listing and referenced in Table 1B.1, column 6, as SEQ ID NO:Y. Where the nucleotide position number "To" is lower than the nucleotide position number "From", the preferred ORF is the reverse complement of the referenced polynucleotide sequence. The sixth column in Table 1B.1 provides the corresponding SEQ ID NO:Y for the polypeptide sequence encoded by the preferred ORF delineated in column 5. In one embodiment, the invention provides an amino acid sequence comprising, or alternatively consisting of, a polypeptide encoded by the portion of SEQ ID NO:X delineated by "ORF (From-To)". Also provided are polynucleotides encoding such amino acid sequences and the complementary strand thereto. Column 7 in Table 1B.1 lists residues comprising epitopes contained in the polypeptides encoded by the preferred ORF (SEQ ID NO:Y), as predicted using the algorithm of Jameson and Wolf, (1988) Comp. Appl. Biosci. 4:181-186. The Jameson-Wolf antigenic analysis was performed using the computer program PROTEAN (Version 3.11 for the Power MacIntosh, DNASTAR, Inc., 1228 South Park Street Madison, WI). In specific embodiments, polypeptides of the invention comprise, or alternatively consist of, at least one, two, three, four, five or more of the predicted epitopes as described in Table 1B. It will be appreciated that depending on the analytical criteria used to predict antigenic determinants, the exact address of the determinant may vary slightly.

Column 8 in Table 1B.1 provides a chromosomal map location for certain polynucleotides of the invention. Chromosomal location was determined by finding exact matches to

EST and cDNA sequences contained in the NCBI (National Center for Biotechnology Information) UniGene database. Each sequence in the UniGene database is assigned to a "cluster"; all of the ESTs, cDNAs, and STSs in a cluster are believed to be derived from a single gene. Chromosomal mapping data is often available for one or more sequence(s) in a UniGene cluster; this data (if consistent) is then applied to the cluster as a whole. Thus, it is possible to infer the chromosomal location of a new polynucleotide sequence by determining its identity with a mapped UniGene cluster.

A modified version of the computer program BLASTN (Altshul, et al., J. Mol. Biol. 215:403-410 (1990), and Gish, and States, Nat. Genet. 3:266-272) (1993) was used to search the UniGene database for EST or cDNA sequences that contain exact or near-exact matches to a polynucleotide sequence of the invention (the 'Query'). A sequence from the UniGene database (the 'Subject') was said to be an exact match if it contained a segment of 50 nucleotides in length such that 48 of those nucleotides were in the same order as found in the Query sequence. If all of the matches that met this criteria were in the same UniGene cluster, and mapping data was available for this cluster, it is indicated in Table 1B under the heading "Cytologic Band". Where a cluster had been further localized to a distinct cytologic band, that band is disclosed; where no banding information was available, but the gene had been localized to a single chromosome, the chromosome is disclosed.

Once a presumptive chromosomal location was determined for a polynucleotide of the invention, an associated disease locus was identified by comparison with a database of diseases which have been experimentally associated with genetic loci. The database used was the Morbid Map, derived from OMIM™ and National Center for Biotechnology Information, National Library of Medicine (Bethesda, MD) 2000;. If the putative chromosomal location of a polynucleotide of the invention (Query sequence) was associated with a disease in the Morbid Map database, an OMIM reference identification number was noted in column 9, Table 1B.1, labelled "OMIM Disease Reference(s). Table 5 is a key to the OMIM reference identification numbers (column 1), and provides a description of the associated disease in Column 2.

Table 1B.2

Column 5, in Table 1B.2, provides an expression profile and library code:count for each of the contig sequences (SEQ ID NO:X) disclosed in Table 1B, which can routinely be combined with the information provided in Table 4 and used to determine the tissues, cells, and/or cell line libraries which predominantly express the polynucleotides of the invention. The first number in Table 1B.2, column 5 (preceding the colon), represents the tissue/cell source identifier code corresponding to the code and description provided in Table 4. The second number in column 5 (following the colon) represents the number of times a sequence corresponding to the reference polynucleotide sequence was identified in the corresponding tissue/cell source. Those tissue/cell source identifier codes in

which the first two letters are "AR" designate information generated using DNA array technology. Utilizing this technology, cDNAs were amplified by PCR and then transferred, in duplicate, onto the array. Gene expression was assayed through hybridization of first strand cDNA probes to the DNA array. cDNA probes were generated from total RNA extracted from a variety of different tissues and cell lines. Probe synthesis was performed in the presence of ^{33}P dCTP, using oligo (dT) to prime reverse transcription. After hybridization, high stringency washing conditions were employed to remove non-specific hybrids from the array. The remaining signal, emanating from each gene target, was measured using a Phosphorimager. Gene expression was reported as Phosphor Stimulating Luminescence (PSL) which reflects the level of phosphor signal generated from the probe hybridized to each of the gene targets represented on the array. A local background signal subtraction was performed before the total signal generated from each array was used to normalize gene expression between the different hybridizations. The value presented after "[array code]:" represents the mean of the duplicate values, following background subtraction and probe normalization. One of skill in the art could routinely use this information to identify normal and/or diseased tissue(s) which show a predominant expression pattern of the corresponding polynucleotide of the invention or to identify polynucleotides which show predominant and/or specific tissue and/or cell expression.

Table 1B.1

Gene No:	cDNA Clone ID	Contig ID:	SEQ ID NO: X	ORF (From-To)	AA SEQ ID NO: Y	Predicted Epitopes	Cytologic Band	OMIM Disease Reference(s):
1	H2CBG48	745365	11	125 - 262	948		6q14	136550, 203310, 269920, 602772
2	H2MAC30	544957	12	157 - 375	949	Pro-54 to Gly-67.		
3	H6EAB28	1352227	13	115 - 414	950	Ser-39 to Gly-46, Leu-49 to Ala-62, Lys-79 to Ala-93, Gly-95 to Thr-100.	7p22	600259, 600259
	H6EAB28	589947	631	116 - 346	1568	Ala-29 to Thr-37, Pro-39 to Leu-63.		
4	H6EDF66	520498	14	146 - 538	951			
5	HABAG37	637942	15	97 - 285	952	Thr-24 to Gly-42, Glu-53 to Gly-58.	19p13.3	108725, 120700, 133171, 136836, 145981, 147141, 164953, 188070, 600957, 601238, 601846, 602216, 602477
6	HACBD91	637482	16	117 - 266	953		3q13.33	600882
7	HACCI17	891114	17	461 - 1114	954	Ser-201 to Tyr-217.	22q11.21	123620, 151410, 600850
	HACCI17	731877	632	135 - 353	1569			
8	HADAO89	570689	18	244 - 378	955	Arg-28 to Asn-33.		
9	HAGAI85	381942	19	166 - 255	956	Ser-24 to Trp-30.	9q31-q32	109400, 132800, 132800, 154400, 186855, 223900, 253800, 253800, 278700, 602088
10	HAGAM64	626997	20	57 - 191	957	Arg-30 to Tyr-39.		
11	HAGAN21	1026956	21	34 - 309	958	Pro-56 to Leu-62, Pro-86 to Asp-91.	18,4,9	
	HAGAN21	864914	633	335 - 610	1570			
	HAGAN21	902027	634	452 - 466	1571			
	HAGAN21	902026	635	146 - 187	1572			
	HAGAN21	902025	636	321 - 341	1573			
12	HAGBZ81	456414	22	65 - 214	959	Ile-40 to Lys-45.	8q12.1	
13	HAGDG59	534165	23	124 - 1026	960	Lys-29 to Val-34, Cys-94 to Asp-99,	4	

						Ser-102 to Val-107, Gln-133 to Lys-139.		
14	HAGDI35	597444	24	318 - 596	961	Ser-36 to Gly-41, Pro-43 to Ser-49.	4p16.3	134934, 134934, 134934, 134934, 134934, 143100, 180072, 180072, 194190, 252800, 252800, 252800, 600965
15	HAGFG51	823509	25	163 - 294	962	Cys-36 to Gly-43.		
16	HAGFI62	704425	26	429 - 704	963	Gly-49 to Ser-54, Lys-61 to Arg-68.		
17	HAGFY16	778820	27	251 - 844	964		5q31.3	131400, 159000, 180071, 181460, 272750, 600807, 601596, 602089
	HAGFY16	381964	637	128 - 262	1574			
18	HAHDB16	635412	28	93 - 245	965			
19	HAHDR32	635357	29	435 - 980	966	Met-1 to Ser-7, Asp-41 to Met-48, Pro-61 to Ser-67, Pro-121 to Trp-130, His-161 to Lys-181.	3p14.3-p14.1	150250, 156845, 156845, 156845, 164500, 277730, 600971, 601226
20	HAIBO71	490848	30	325 - 525	967			
21	HAIBP89	727543	31	311 - 1261	968	Pro-70 to Arg-77, Tyr-102 to Thr-107.	5q31.3	131400, 159000, 180071, 181460, 272750, 600807, 601596, 602089
	HAIBP89	371337	638	1 - 54	1575			
22	HAICP19	422672	32	128 - 1468	969	Asn-27 to Leu-47, Gln-81 to Lys-88, Asp-93 to Lys-102, Asn-107 to Leu-116, Met-129 to Glu-141, Glu-150 to Asp-157, Lys-176 to Glu-185, Glu-333 to Tyr-349, Cys-393 to Leu-403, Gln-423 to Gly-429.	5q31	121050, 131400, 138040, 153455, 159000, 179095, 181460, 192974, 192974, 600807, 601596, 601692, 601692, 601692, 601692, 602089, 602121, 602460
23	HAIFL18	676933	33	274 - 693	970	Glu-28 to Gly-45, Ser-63 to Gly-69,		

						Gln-96 to Trp-104, Gly-112 to Pro-117, Arg-121 to Pro-128.		
24	HAJAF57	823516	34	43 - 324	971	Cys-25 to Ile-31, Cys-85 to Asn-91.		
25	HAJBR69	638516	35	262 - 423	972			
26	HAJBZ75	618530	36	49 - 1872	973	Gly-19 to Ser-27, Gln-39 to Gly-45, Gln-48 to Ala-55, Ala-75 to Thr-80, Thr-198 to Gly-211.	10q23.33	157640, 174900, 236730, 600512
27	HAMFK58	647105	37	279 - 518	974	Met-1 to Ser-6.		
28	HAMGG68	731859	38	312 - 479	975			
29	HANGG89	845690	39	520 - 675	976			
	HANGG89	852533	639	125 - 418	1576	Glu-61 to Gln-66, Ala-93 to Glu-98.		
	HANGG89	844216	640	70 - 1245	1577	Pro-31 to Thr-48, Arg-62 to Gly-70, Ala-74 to Glu-87, Lys-123 to Asp-129, Pro-162 to Gly-167, Glu-170 to Gly-189, Arg-220 to Asn-228.		
	HANGG89	692291	641	78 - 1379	1578	Pro-28 to Thr-45, Arg-59 to Gly-67, Ala-71 to Glu-84, Lys-120 to Asp-126, Pro-159 to Gly-164, Glu-167 to Gly-186, Arg-217 to Asn-225, Glu-245 to Ala-255, Gly-282 to Gly-297,		

						Pro-312 to Gly-324, Thr-356 to Lys-364, Gly-366 to Thr-372, Lys-377 to Ala-383, Gly-397 to Thr-407, Thr-419 to Gly-433.		
30	HAPBS03	656755	40	252 - 377	977		1p36.11	120550, 120570, 120575, 130500, 133200, 600975
31	HAPNY86	587261	41	100 - 489	978	Pro-27 to Leu-41.		
32	HAPNY94	699770	42	94 - 246	979	Ser-30 to Trp-37.	6p25	134570, 601090, 602028
33	HAPPW30	1352278	43	59 - 850	980	Glu-42 to Pro-53, Ser-67 to Tyr-79, Phe-137 to Leu-143, Ser-180 to Arg-186, Trp-188 to Gly-195, Pro-210 to Arg-216, Thr-222 to Asp-243.		
	HAPPW30	684272	642	54 - 329	1579	Glu-42 to Pro-53, Ser-67 to Thr-73, Ala-84 to Leu-90.		
34	HAPQT22	587601	44	132 - 350	981			
35	HAPUC89	834358	45	385 - 807	982			
36	HASAV70	1300782	46	94 - 426	983	Lys-26 to Tyr-33, Arg-44 to Ile-49, Ser-53 to Lys-71, Lys-86 to Pro-91.	1q23.1-q24.1	107300, 131210, 136132, 145001, 173610, 601518, 601652
	HASAV70	381953	643	103 - 432	1580	Lys-26 to Tyr-33, Arg-44 to Ile-49, Ser-53 to Lys-71, Lys-86 to Pro-91.		
37	HASCG84	603947	47	216 - 377	984		X	
38	HATAC53	1352276	48	97 - 840	985	Lys-25 to Ser-36, Ser-53 to Glu-60,		

						Thr-70 to Arg-75, Arg-111 to Thr-119, Lys-204 to Leu-248.		
	HATAC53	667830	644	99 - 668	1581	Lys-25 to Ser-36, Ser-53 to Glu-60, Thr-70 to Arg-75, Arg-111 to Thr-119, Glu-161 to Leu-189.		
39	HATBR65	635514	49	252 - 446	986	Ile-25 to Trp-30.		
40	HATCB92	603948	50	247 - 417	987	Arg-49 to Gln-56.		
41	HATCP77	748244	51	37 - 585	988	Trp-25 to Gln-30, Pro-50 to Gln-57, Pro-93 to Glu-101, Arg-114 to Cys-121, Ser-123 to Gln-129, Ile-177 to Arg-182.	3q26.2-q27.1	138160, 138160, 177400
42	HATEE46	565618	52	241 - 402	989			
43	HBAFJ33	625916	53	60 - 392	990	Gln-66 to Cys-71, Thr-76 to Gly-81, His-87 to Asp-92.	14q32	123270, 245200, 251600, 270100, 276900
44	HBAFV19	843036	54	6 - 779	991	Pro-12 to Phe-18, Ser-139 to Pro-146, Asp-162 to Arg-173, Thr-188 to Glu-204, Lys-245 to Gly-258.		
45	HBAMB34	553553	55	87 - 233	992			
46	HBCPB32	1352403	56	88 - 693	993		4	
	HBCPB32	1045580	645	89 - 679	1582			
47	HBCQL32	1134954	57	26 - 268	994		17	
	HBCQL32	1027748	646	760 - 1002	1583			
48	HBGNU56	1352412	58	125 - 679	995	Thr-19 to Ala-33, Leu-54 to Asp-82,	19q12-q13.1	164731, 172400, 172400, 180901, 180901, 221770, 248600, 600918, 602716

						Pro-89 to Ala-97, Pro-100 to Lys-125, Ser-127 to Phe-135, Ser-180 to Ser-185.		
	HBGNU56	1094642	647	79 - 612	1584	Thr-19 to Ala-33, Leu-54 to Asp-82, Pro-89 to Ala-97, Pro-100 to Lys-125, Ser-127 to Phe-135, Gly-164 to Leu-169, Cys-173 to Arg-178.		
	HBGNU56	1050255	648	2 - 658	1585	Arg-16 to Ser-31.		
49	HBHAD12	420036	59	176 - 247	996			
50	HBHMA23	848016	60	71 - 661	997	Lys-39 to Asn-48, Arg-63 to Gly-68, Pro-101 to Gln-106.	20q11.21	
	HBHMA23	699815	649	70 - 300	1586	Lys-39 to Asn-48.		
51	HBIMB51	963208	61	98 - 535	998	His-24 to Ala-29, Glu-42 to Glu-49, Arg-63 to Thr-80, Gln-100 to Lys-119, Lys-141 to Gln-146.		
	HBIMB51	672711	650	93 - 485	1587	His-24 to Ala-29, Glu-42 to Glu-49.		
52	HBINS58	1352386	62	57 - 578	999	Gly-32 to Gly-37, Glu-78 to His-87, Tyr-102 to Ala-107, Pro-115 to Val-122, Lys-164 to Tyr-170.	1	
	HBINS58	961712	651	71 - 592	1588	Gly-32 to Gly-37, Glu-78 to His-87, Tyr-102 to Ala-107,		

						Pro-115 to Val-122, Lys-164 to Gln-171.		
	HBINS58	892924	652	100 - 732	1589	Gly-32 to Gly-37, Glu-78 to His-87, Tyr-102 to Ala-107, Pro-115 to Val-122.		
53	HBJFU48	460392	63	20 - 142	1000			
54	HBJIY92	778065	64	548 - 670	1001	Asp-30 to Val-40.	11p15	108985, 186921, 602092
55	HBJLC01	638410	65	87 - 227	1002			
56	HBJLF01	732111	66	217 - 951	1003	Tyr-123 to Tyr-131, Cys-134 to Ser-145, Tyr-234 to Tyr-244.		
57	HBJLH40	828130	67	74 - 298	1004	Ile-69 to Pro-74.		
58	HBJNC59	1125802	68	66 - 803	1005	Pro-29 to Gly-46, Lys-48 to Gly-55, Lys-67 to Gly-80, Lys-100 to Pro-115, Arg-121 to Gly-127, Asn-139 to Gly-149, Ser-179 to Arg-185, Asp-191 to Gly-196, Lys-219 to Gly-224.	1p36.3- p34.1	120550, 120570, 120575, 121800, 130500, 133200, 138140, 153454, 171760, 171760, 178300, 236250, 255800, 256700
	HBJNC59	899397	653	66 - 365	1590	Pro-29 to Gly-46, Lys-48 to Gly-55, Lys-67 to Gly-80, Gly-89 to Asn-99.		
	HBJNC59	902207	654	64 - 801	1591	Pro-29 to Gly-46, Lys-48 to Gly-55, Lys-67 to Gly-80, Lys-100 to Pro-115, Arg-121 to Gly-127, Asn-139 to Gly-149,		

						Ser-179 to Arg-185, Asp-191 to Gly-196, Lys-219 to Gly-224.		
59	HBMCI50	668268	69	156 - 407	1006	Arg-37 to Gly-42.	1	
60	HBNAW17	526797	70	77 - 262	1007			
61	HBOEG11	1300752	71	57 - 809	1008	Met-1 to Lys-6, Cys-30 to Cys-39, Glu-95 to Cys-100, Val-102 to Phe-113, Cys-121 to Gly-127, Val-216 to Arg-224, Pro-236 to Asn-247.	20q12-q13.1	256540, 600281, 600281
	HBOEG11	1121709	655	53 - 805	1592	Met-1 to Lys-6, Cys-30 to Cys-39, Glu-95 to Cys-100, Val-102 to Phe-113, Cys-121 to Gly-127, Val-216 to Arg-224, Pro-236 to Asn-247.		
	HBOEG11	1049830	656	47 - 799	1593	Met-1 to Lys-6, Cys-30 to Cys-39, Glu-95 to Cys-100, Val-102 to Phe-113, Cys-121 to Gly-127, Val-216 to Arg-224, Pro-236 to Asn-247.		
62	HBOEG69	793786	72	302 - 466	1009			
63	HBXFL29	842802	73	560 - 733	1010	Arg-36 to Pro-43.	17q22-q23	106180, 109270, 109270, 109270, 109270, 109270, 120150, 120150, 120150, 138700, 139250, 148065, 148080, 150200, 154275, 171190, 176960, 185800, 221820, 249000, 253250, 600525, 600852, 601844
64	HCACU58	625923	74	137 - 388	1011			

65	HCACV51	1306706	75	168 - 413	1012	Val-34 to Lys-46, Glu-67 to Trp-72.		
	HCACV51	598022	657	173 - 1018	1594	Val-34 to Leu-48, Val-51 to Gly-67, Lys-74 to Asp-81, Thr-93 to Glu-98, Ser-138 to His-149, Ala-186 to Gln-201, Pro-257 to Arg-271.		
66	HCDAF84	544988	76	168 - 338	1013			
67	HCE1Q89	520329	77	74 - 340	1014	Cys-56 to Ser-63, Met-67 to Leu-73.		
68	HCE2F54	634016	78	166 - 1125	1015	His-44 to Pro-50, Glu-90 to Glu-96, Gln-111 to Glu-117, Ser-143 to Gly-151, Ala-154 to Leu-166, Pro-199 to Ala-216, Gly-264 to Asp-272.	16q22.1	103850, 114835, 116800, 140100, 140100, 192090, 192090, 192090, 192090, 245900, 245900, 276600, 600223
69	HCEFB80	1143407	79	12 - 281	1016	Met-1 to Ala-8, Ser-51 to Leu-62, Pro-70 to Lys-78.	22q13.33	
	HCEFB80	1046853	658	5 - 274	1595	Met-1 to Ala-8.		
70	HCEGR33	425212	80	243 - 338	1017			
71	HCEMP62	684780	81	352 - 915	1018		2p23.3	176830, 176830, 182601, 229800, 602134
	HCEMP62	879178	659	19 - 1023	1596	His-18 to Arg-26, Tyr-53 to Ser-58, Glu-72 to Leu-82, Glu-95 to Asp-106, Asp-146 to Ser-152, Ser-180 to Gly-185.		
72	HCENK38	658737	82	10 - 168	1019	Tyr-30 to Ser-40.		

73	HCEWE17	941941	83	117 - 437	1020	Gly-36 to Thr-41, Pro-99 to Cys-106.	1q21.3	104770, 107670, 110700, 145001, 146760, 146790, 191315, 601412, 601652, 601863, 602491
	HCEWE17	893535	660	500 - 583	1597			
	HCEWE17	460407	661	156 - 317	1598	His-12 to Lys-18, Ala-20 to Ala-26, Arg-30 to Trp-52.		
74	HCEWE20	543370	84	166 - 321	1021	Ser-17 to Gln-22.		
75	HCFCU88	553587	85	217 - 507	1022	Glu-32 to Tyr-37, Gln-68 to Ser-76.		
76	HCFMV71	526599	86	31 - 207	1023	Arg-35 to Gly-44.		
77	HCFNN01	430297	87	254 - 385	1024			
78	HCFOM18	553582	88	28 - 219	1025			
79	HCHNF25	1352270	89	1130 - 1636	1026	Val-34 to Leu-39, Ser-64 to Cys-74, Ser-86 to Lys-94, Gln-133 to Asn-143, Pro-160 to Asp-169.		
	HCHNF25	658672	662	180 - 623	1599	Val-34 to Leu-39, Ser-64 to Cys-74, Ser-86 to Ser-95, Arg-128 to Ala-136.		
80	HCMSQ56	740781	90	148 - 414	1027	Pro-61 to Asp-68.	5q31	121050, 131400, 138040, 153455, 159000, 179095, 181460, 192974, 192974, 600807, 601596, 601692, 601692, 601692, 601692, 602089, 602121, 602460
81	HCMST14	562010	91	136 - 279	1028	Pro-25 to Ser-30, Thr-36 to Ser-47.		
82	HCMTB45	862367	92	215 - 583	1029	Ser-61 to Trp-67.		
	HCMTB45	562034	663	209 - 421	1600			
83	HCNSB61	526413	93	218 - 349	1030	Pro-26 to Asn-32.		
84	HCNSD93	630649	94	139 - 279	1031			
85	HCNSM70	637547	95	107 - 751	1032	Met-1 to Ser-6.	11q24	600359, 602574, 602574
	HCNSM70	589445	664	161 - 436	1601	Met-1 to Ser-6.		

86	HCOOS80	1134974	96	36 - 512	1033	Pro-39 to Leu-44, Gln-80 to Pro-93, Pro-153 to Pro-158.	17p13.2	
	HCOOS80	1045182	665	40 - 516	1602	Pro-39 to Leu-44, Gln-80 to Pro-93, Pro-153 to Pro-158.		
	HCOOS80	1045183	666	1 - 318	1603	Pro-12 to His-25.		
87	HCUBS50	499240	97	88 - 204	1034			
88	HCUCK44	720291	98	593 - 772	1035		19q13.1	164731, 172400, 172400, 180901, 180901, 221770, 248600, 600918, 602716
89	HCUEO60	499242	99	102 - 296	1036			
90	HCUHK65	651313	100	80 - 319	1037	Met-24 to Gly-29, Ala-57 to Thr-63.		
	HCUHK65	880178	667	770 - 2893	1604	Glu-124 to Leu-131, Asp-266 to Pro-271, Asn-273 to Phe-280, Glu-315 to Arg-321, Pro-400 to Val-407, Ala-446 to Pro-452, Thr-487 to Gly-492, Phe-517 to Gly-523, Tyr-599 to Lys-605, Thr-611 to Thr-626, Met-653 to Gly-658, Ala-686 to Thr-692.		
91	HCUIM65	550208	101	557 - 700	1038			
92	HCWEB58	1352416	102	148 - 1176	1039	Pro-54 to Phe-63, Gly-115 to Gln-121, Gln-136 to Ala-141, Gln-164 to Leu-178, Glu-194 to Trp-203, Glu-215 to Arg-222,		

						Glu-296 to Gly-304.		
	HCWEB58	1115089	668	247 - 978	1605	Pro-54 to Phe-63, Gly-115 to Gln-121, Gln-136 to Ala-141, Gln-164 to Leu-178, Glu-194 to Trp-203, Glu-215 to Asp-223.		
	HCWEB58	889268	669	155 - 886	1606			
93	HCWGU37	1042325	103	194 - 226	1040		13,15,16,19,2,3,4,5	
	HCWGU37	901913	670	187 - 219	1607			
94	HCWKC15	553621	104	37 - 159	1041	Lys-28 to Thr-34.		
95	HCWLD74	628256	105	138 - 335	1042			
96	HCWUM50	639037	106	270 - 407	1043			
97	HCYBG92	598019	107	118 - 942	1044	Lys-21 to Gln-32, Asp-117 to Glu-124, Tyr-179 to Gly-184, Asn-211 to Gly-217, Leu-239 to Lys-264.		
98	HDABR72	1301517	108	33 - 473	1045	Leu-30 to Gly-38, Arg-67 to Val-72, Val-76 to Ala-89, Pro-118 to Arg-123, Gly-129 to Ala-136, Leu-138 to Arg-146.		
	HDABR72	748225	671	28 - 468	1608	Leu-30 to Gly-38, Arg-67 to Val-72, Val-76 to Ala-89, Pro-118 to Arg-123, Gly-129 to Ala-136, Leu-138 to Arg-146.		
99	HDHEB60	499233	109	568 - 894	1046	Asp-48 to Ser-54.	11p11.2	133701, 168500, 171650, 176930, 176930, 600623, 600811,

								600958
100	HDHIA94	765171	110	154 - 657	1047			
	HDHIA94	637576	672	163 - 309	1609			
101	HDHMA72	547772	111	287 - 1234	1048	Glu-67 to Asn-74, Glu-88 to Asn-93, Lys-95 to Ser-105, Arg-152 to Ala-164, Ala-204 to Arg-210, Phe-254 to Thr-262, Pro-295 to His-311.	7q36	142335, 152427, 163729, 176450, 190605, 600510, 600725
102	HDLAC10	692299	112	132 - 377	1049		11p15.3	168450, 168450, 257200, 257200
103	HDLAO28	890457	113	259 - 489	1050	Phe-48 to Tyr-54.	2q21.3	256030
104	HDPBI32	1352360	114	37 - 984	1051		12q13	107777, 123940, 139350, 139350, 148040, 148041, 148043, 148070, 231550, 600194, 600231, 600536, 600808, 600956, 601284, 601769, 601769, 601928, 602116, 602153
	HDPBI32	862851	673	103 - 915	1610	Ala-12 to Glu-27, Pro-35 to Ser-43, Pro-70 to Gly-79, Ser-92 to Val-98, Pro-166 to Leu-175, Ser-234 to Thr-246.		
	HDPBI32	590733	674	51 - 464	1611			
105	HDPBQ71	1160316	115	93 - 1928	1052	Leu-56 to Thr-62, Gln-80 to Pro-87, Gly-106 to Gln-113, Pro-122 to Lys-127, Gln-138 to Asn-146, Cys-280 to Lys-287, Asp-306 to Gly-311, Asp-321 to Thr-326, Gly-337 to Pro-345, Thr-354 to Gln-359,		

						Asn-451 to Ile-457, Lys-526 to Glu-532, Gln-591 to Glu-603.		
	HDPBQ71	727200	675	24 - 1859	1612	Leu-56 to Thr-62, Gln-80 to Pro-87, Gly-106 to Gln-113, Pro-122 to Lys-127, Gln-138 to Asn-146.		
	HDPBQ71	886067	676	165 - 1535	1613	Leu-56 to Thr-62, Gln-80 to Pro-87, Gly-106 to Gln-113, Pro-122 to Lys-127, Gln-138 to Asn-146, Cys-280 to Lys-287, Asp-306 to Gly-311, Asp-321 to Thr-326, Gly-337 to Pro-345, Thr-354 to Gln-359, Asn-451 to Arg-456.		
106	HDPCJ91	740748	116	131 - 286	1053	Tyr-33 to Lys-38.		
107	HDPCO25	460682	117	182 - 343	1054	Pro-22 to His-33, Ser-42 to Trp-48.		
108	HDPCY37	837699	118	76 - 1809	1055	Pro-23 to His-34, Thr-64 to Trp-71.	12q13.3	181430, 232800, 600808, 601284, 601769, 601769, 602116
	HDPCY37	604114	677	76 - 870	1614	Pro-23 to His-34, Thr-64 to Trp-71, Lys-245 to Ala-252.		
109	HDPFB02	898208	119	173 - 631	1056	Glu-72 to Gly-77, Arg-115 to Arg-125, His-138 to Pro-146.		
	HDPFB02	1056541	678	139 - 1086	1615	Met-1 to Gly-6, Glu-81 to Gly-86,		

						Glu-150 to Asp-159, Ser-166 to Glu-173, Ser-277 to Glu-291, Leu-302 to Gly-312.		
	HDPFB02	997408	679	218 - 1123	1616	Arg-17 to Glu-24, Glu-41 to Asp-46, Val-76 to Arg-83, Thr-104 to Gln-109.		
110	HDPFF39	588697	120	175 - 765	1057	Ser-128 to Thr-133, Thr-158 to Thr-166, Leu-168 to Gly-175, Ala-179 to Asp-196.	19q13.2-q13.3	107741, 113900, 122720, 122720, 126340, 126391, 130410, 134790, 138570, 160900, 164731, 173850, 207750, 248600, 258501, 600040, 602225, 602225
111	HDPFP29	628254	121	293 - 451	1058			
112	HDPGI49	785887	122	266 - 484	1059		15q	
113	HDPGP94	823355	123	256 - 480	1060			
114	HDPHI51	460679	124	245 - 367	1061	Gly-2 to Glu-7, Arg-27 to Gly-34.		
115	HDPJF37	704487	125	196 - 369	1062	Pro-27 to Gly-34.		
116	HDPMM88	972734	126	100 - 2913	1063	Met-1 to Ser-13, Ser-45 to Phe-51, Asn-103 to Lys-113, Phe-135 to Gly-140, Asp-165 to Pro-178, Ser-224 to Ala-229, Asn-283 to Arg-288, Asp-347 to Tyr-352, Thr-367 to Glu-372, Gly-420 to Thr-425, Glu-456 to Lys-462, Phe-466 to Asn-474, Glu-480 to Leu-485, Asp-673 to Asp-681,		

						Gln-684 to Gly-689, Leu-841 to Gly-874, Gly-890 to Pro-900, Ser-902 to Ser-911, Leu-918 to Asp-924, Ser-930 to Val-935.		
	HDPMM88	906121	680	141 - 467	1617	Ser-28 to Phe-34, Asn-86 to Tyr-93.		
	HDPMM88	902299	681	44 - 181	1618			
	HDPMM88	885059	682	419 - 439	1619			
	HDPMM88	874074	683	111 - 146	1620			
	HDPMM88	854246	684	167 - 334	1621			
	HDPMM88	854245	685	28 - 186	1622	Ser-26 to Thr-31.		
117	HDPNC61	637585	127	20 - 304	1064	Glu-35 to Lys-44, Cys-83 to Gly-88.		
118	HDPND46	637586	128	15 - 1469	1065	Ala-107 to Ser-112.		
119	HDPOE32	897276	129	118 - 573	1066	Ala-88 to Gln-98.	8p21.2-p21.1	138300, 240400, 602629
120	HDPOH06	683371	130	252 - 980	1067	Met-1 to Ser-8.		
121	HDPOZ56	1352319	131	91 - 1791	1068	Gln-22 to Gln-44, Ala-90 to Gly-95, Lys-137 to Trp-146, Arg-171 to Asp-181, Glu-370 to Ser-380, Asp-447 to Gly-452, Gln-463 to Trp-469, Asn-505 to Ala-511, Asp-513 to His-520, Ala-542 to Val-551, Asn-559 to His-567.		
	HDPOZ56	815653	686	103 - 1800	1623	Gln-22 to Gln-44, Ala-90 to Gly-95,		

						Lys-137 to Trp-146, Arg-171 to Asp-181, Glu-370 to Ser-380, Asp-447 to Gly-452, Gln-463 to Trp-469, Asn-504 to Ala-510, Asp-512 to His-519, Ala-541 to Val-550, Asn-558 to His-566.		
	HDPOZ56	743479	687	59 - 1018	1624	Gln-22 to Gln-44, Ala-53 to Gly-58.		
122	HDPSP54	744440	132	2356 - 2499	1069	Pro-29 to Lys-37.	1q21.2	104770, 107670, 110700, 145001, 146760, 146790, 191315, 601412, 601652, 601863, 602491
	HDPSP54	502472	688	179 - 343	1625			
123	HDPTD15	692917	133	223 - 825	1070	Arg-20 to Lys-44, Arg-59 to Arg-68, Trp-74 to Lys-86, Thr-91 to Val-102.		
124	HDPTK41	744824	134	39 - 1148	1071	Glu-102 to Asn-110, Arg-256 to Leu-266, Pro-316 to Trp-328, Pro-331 to Arg-336, Met-350 to Gly-358.	14q11.2	182600, 186880, 190195, 190195, 222700, 600243, 602279, 602279
125	HDPUG50	684120	135	22 - 1602	1072	Glu-136 to Pro-141, Ala-221 to Ser-227, Asp-307 to Pro-312, Lys-355 to Gly-361, Phe-449 to Pro-454.	11pter-p15.5	
126	HDPUH26	866433	136	90 - 1739	1073	Ser-28 to Phe-33, Glu-35 to Pro-41, Lys-48 to Val-54, Pro-100 to Glu-105, Pro-107 to Glu-112,	2p11.2	178640, 216900

						Leu-119 to Gln-125, Gly-335 to Leu-340, Ser-383 to Arg-396, Leu-417 to Lys-429, Asp-477 to Arg-482, Tyr-532 to Ser-540, Ile-542 to Asn-549.		
127	HDPUW68	812737	137	40 - 1440	1074	Gly-12 to Tyr-26, Val-52 to Asp-59, Gln-88 to Asp-93, Arg-124 to Asn-129, His-193 to Arg-198, Gln-207 to Thr-213, Gln-338 to Arg-346, Ser-378 to Ala-384, Ser-413 to Arg-420, Ser-428 to Glu-434, His-443 to Ser-451, Glu-454 to Ser-461.		
128	HDPVH60	796865	138	8 - 163	1075		16q13	114835, 132700, 172490, 600968
129	HDPVW11	1036997	139	67 - 1434	1076	Asp-57 to Glu-62, Thr-91 to Ala-96, Thr-114 to Ser-131, Gly-133 to Pro-160, Gln-356 to Arg-365, Pro-383 to His-391, Leu-401 to Trp-406, Pro-430 to Asp-436.	1p33	120260, 138140, 178300, 246450
	HDPVW11	896530	689	50 - 349	1626	Asp-57 to Gly-64.		
130	HDPWN93	992925	140	45 - 2453	1077	Pro-36 to Ser-52, Ala-63 to Pro-78, Ala-106 to Lys-115, Glu-134 to Glu-141,	17q21.33	109270, 109270, 109270, 109270, 109270, 120150, 120150, 120150, 148065, 148080, 154275, 171190, 185800, 221820, 249000, 253250, 600119, 600119, 600525, 601844

						Val-155 to Asp-164, Phe-199 to Gly-204, Arg-218 to Leu-228, Glu-230 to Val-235, Val-247 to Pro-253, Arg-262 to Gly-276, Thr-303 to Gln-310, Arg-335 to Trp-342, Glu-399 to Ala-415, Ser-458 to Glu-466, Arg-508 to Asp-517, Glu-580 to Pro-585, Gln-620 to Trp-628, Lys-651 to Ala-657, Gly-677 to Met-682, Ala-712 to Leu-717, Gly-724 to Thr-731, Arg-770 to Gln-775.		
	HDPWN93	887914	690	35 - 679	1627	Pro-36 to Ser-52, Ala-63 to Pro-78, Ala-106 to Lys-115, Glu-134 to Glu-141, Val-155 to Asp-164.		
	HDPWN93	905983	691	27 - 158	1628			
131	HDPWU34	630354	141	117 - 1091	1078	Arg-23 to Gln-30, Asp-37 to Asp-50, Glu-230 to Met-235, Pro-271 to Arg-281, Arg-306 to Ser-316, Ser-318 to Gly-325.		
	HDPWU34	701979	692	111 - 245	1629	Arg-25 to Ser-35, Ser-37 to Gly-44.		
132	HDQHD03	1309175	142	274 - 1266	1079	Arg-26 to Lys-46,		

						Ala-70 to Lys-81, Gln-100 to Pro-105, Val-118 to Leu-123, Pro-166 to Pro-171, Gly-310 to Gly-331.		
	HDQHD03	834692	693	259 - 1257	1630	Arg-26 to Lys-46, Ala-70 to Lys-81, Phe-92 to Gly-98.		
133	HDTBD53	972757	143	288 - 1385	1080	Glu-91 to Arg-117, Lys-124 to Ser-136, Tyr-191 to Glu-200, Glu-265 to Lys-272.	3p25.1	193300, 193300, 227646
	HDTBD53	906342	694	292 - 1389	1631	Glu-91 to Arg-117, Lys-124 to Ser-136.		
134	HDTBP04	1307742	144	70 - 729	1081	Glu-25 to Gly-31, Tyr-62 to Thr-68, Ala-189 to Glu-197, Ala-204 to Gln-219.		
	HDTBP04	543618	695	65 - 727	1632	Glu-25 to Gly-31, Tyr-62 to Thr-68.		
135	HDTDQ23	1306984	145	132 - 302	1082	Arg-24 to Arg-31, Ile-33 to Trp-41, Met-43 to His-52.		
	HDTDQ23	879009	696	148 - 471	1633	Arg-24 to Arg-31, Ile-33 to Gly-41.		
	HDTDQ23	751707	697	148 - 369	1634	Arg-24 to Arg-31.		
136	HDTEK44	1025421	146	691 - 942	1083	Arg-45 to Ser-54, Ser-78 to Ser-83.	5	
	HDTEK44	890972	698	175 - 378	1635	Leu-36 to Gly-41, Lys-51 to Arg-56, Arg-58 to Gly-66.		
	HDTEK44	904770	699	116 - 319	1636	Leu-36 to Gly-41,		

						Lys-51 to Arg-56, Arg-58 to Gly-66.		
	HDTEK44	902431	700	673 - 924	1637	Arg-45 to Ser-54, Ser-78 to Ser-83.		
137	HDTEN81	571078	147	114 - 371	1084	Ser-21 to Asp-35, Pro-47 to Pro-52, Pro-62 to Asn-67.		
138	HDTFE17	1043391	148	260 - 349	1085		X	
	HDTFE17	874477	701	251 - 340	1638			
	HDTFE17	892317	702	101 - 343	1639			
139	HDTGC73	635457	149	386 - 535	1086	Tyr-41 to Pro-46.		
140	HDTIT10	839264	150	58 - 948	1087	Lys-5 to Gly-15, Glu-188 to Pro-194, Asp-207 to Met-216, Cys-226 to Ser-231, Thr-256 to Thr-264.	17q25.3	170500, 170500, 170500, 232300, 252900
	HDTIT10	834697	703	161 - 331	1640			
141	HDTMK50	1011485	151	154 - 309	1088	Ser-21 to Thr-26, Thr-36 to Cys-44.	1,19	
	HDTMK50	906320	704	164 - 319	1641			
	HDTMK50	857362	705	200 - 205	1642			
142	HE2DY70	722217	152	137 - 313	1089		10q23.2-q23.31	157640, 174900, 203300, 236730, 600512
143	HE2EB74	513662	153	507 - 566	1090			
144	HE2EN04	545008	154	57 - 209	1091			
145	HE2FV03	396139	155	116 - 241	1092			
146	HE2NV57	740750	156	99 - 398	1093	Ala-84 to Gln-93.		
147	HE2PD49	638617	157	337 - 852	1094	Ala-67 to Glu-72, Thr-91 to Ile-100.	8	
148	HE2PY40	753229	158	147 - 398	1095			
149	HE6EU50	411998	159	237 - 341	1096	Arg-28 to Gly-34.		
150	HE8DS15	847060	160	91 - 309	1097		18	

151	HE8MH91	589450	161	63 - 413	1098	Thr-21 to Leu-26.	16q22.2	103850, 276600
152	HE8QV67	1050076	162	502 - 744	1099		9	
	HE8QV67	1050077	706	256 - 1500	1643	Gln-29 to Lys-35, Lys-48 to Gln-54, Arg-80 to Asp-90, Pro-166 to Arg-173, Glu-178 to Tyr-188, Glu-220 to Leu-228, Ile-246 to Pro-253, Arg-281 to Asp-288, Ser-305 to His-313, Asn-319 to Asp-328, Asp-361 to Phe-366, Arg-372 to Tyr-377, Gly-384 to Ser-402.		
153	HE9BK23	675382	163	39 - 968	1100	Arg-18 to Asp-27, Leu-29 to Arg-36, Ser-90 to Tyr-104, Val-108 to Lys-114.	1p31.1-p22.3	600309, 601414, 602094
154	HE9CP41	560625	164	132 - 257	1101	Ala-22 to Lys-36.		
155	HE9DG49	1299935	165	70 - 675	1102	Ala-118 to Phe-124, Arg-178 to Lys-201.		
	HE9DG49	658678	707	70 - 672	1644	Ala-118 to Phe-124, Arg-178 to Lys-201.		
	HE9DG49	382000	708	78 - 686	1645	Ala-118 to Phe-124, Thr-177 to Lys-203.		
156	HE9HY07	420063	166	35 - 160	1103	Pro-35 to Phe-41.		
157	HE9NN84	846309	167	380 - 538	1104	Asp-40 to Tyr-46.	10	
158	HE9OW20	1352337	168	129 - 1193	1105	Gln-44 to Gly-51, Gln-119 to Ala-124, Trp-209 to Ile-223.		
	HE9OW20	838598	709	136 - 1074	1646	Gln-44 to Gly-51,		

						Gln-119 to Ala-124, Trp-209 to Ile-223.		
	HE9OW20	834400	710	129 - 533	1647			
159	HE9RM63	886167	169	82 - 1146	1106	Glu-58 to Lys-63, Lys-78 to Tyr-86, Ala-127 to Cys-135, Ala-159 to Asn-180, Lys-205 to Glu-210, Lys-221 to Lys-226, Ser-240 to Asp-247, Thr-258 to Glu-267.		
160	HEAAR07	561524	170	48 - 176	1107			
161	HEBAE88	526417	171	160 - 288	1108	Ser-25 to Tyr-35.		
162	HEBBN36	486120	172	645 - 806	1109		17q21.31	109270, 109270, 109270, 109270, 109270, 120150, 120150, 120150, 148065, 148080, 154275, 171190, 185800, 221820, 249000, 253250, 600119, 600119, 600525, 601844
163	HEBCM63	484643	173	246 - 452	1110	Cys-26 to Leu-32, Thr-49 to Ile-55, Glu-57 to Glu-63.		
164	HEBEJ18	701802	174	51 - 467	1111	Ser-39 to Asn-45, Asn-103 to Ser-109.		
165	HEEAG23	684254	175	57 - 197	1112			
166	HEEAJ02	633657	176	387 - 761	1113	Pro-5 to Leu-10.	17p11.2	100710, 182290, 201475, 270200, 601097, 601097, 601097, 602666
167	HEEAQ11	777843	177	213 - 656	1114	Phe-31 to Asp-38, Asn-59 to Tyr-65, Ser-76 to Glu-82, Thr-96 to Cys-108, Gln-111 to Asn-118.		
168	HEEBI05	1307611	178	146 - 625	1115	Gly-25 to Leu-30, Pro-40 to Ser-49, Pro-74 to Ser-91,		

						Asn-97 to Cys-104, Pro-115 to Phe-123, Ser-125 to Ser-132.		
	HEEBI05	1047700	711	226 - 705	1648	Gly-25 to Leu-30, Pro-40 to Ser-49, Pro-74 to Ser-91, Asn-97 to Cys-104, Pro-115 to Phe-123, Ser-125 to Ser-132.		
169	HEGAH43	532596	179	29 - 364	1116	Lys-35 to Glu-41, Ala-62 to Asn-67.	20p13	192340, 234200
170	HEGAN94	885637	180	52 - 417	1117	Ile-40 to Cys-49, Arg-52 to Cys-57, Ser-94 to Trp-99, Gly-105 to Gly-111.		
	HEGAN94	769649	712	133 - 498	1649	Ile-40 to Cys-49, Arg-52 to Cys-57, Ser-94 to Trp-99, Gly-105 to Gly-111.		
171	HEGBS69	1093342	181	260 - 745	1118	Pro-46 to His-54, Pro-61 to Lys-73, Ser-104 to Gly-116, Thr-151 to His-156.	8q24.3	188450, 188450, 188450
	HEGBS69	1048170	713	253 - 738	1650	Pro-46 to His-54, Pro-61 to Lys-73.		
172	HELGK31	681138	182	209 - 1243	1119		7p22.1	
	HELGK31	340352	714	402 - 1274	1651	Asp-102 to His-111, Asn-231 to Trp-244, Pro-255 to Gln-260, Glu-286 to Glu-291.		
173	HELHD85	847372	183	41 - 280	1120	Asn-36 to Gln-41, Pro-49 to Ser-54,		

						Cys-65 to Ser-70.		
174	HELHL48	696945	184	629 - 1501	1121	Pro-44 to Lys-54, Cys-88 to His-95, Val-103 to Tyr-108, Gln-181 to Ser-190, Thr-192 to Ile-206, Glu-233 to Ser-245, Ser-252 to Ala-286.	9	
	HELHL48	610025	715	31 - 582	1652	Pro-44 to Lys-54, Cys-88 to His-95, Val-103 to Tyr-108, Leu-146 to Pro-157, Pro-176 to Gln-184.		
175	HEMAM41	741647	185	175 - 744	1122			
	HEMAM41	419870	716	175 - 450	1653			
176	HEPAA46	596830	186	18 - 389	1123	Tyr-21 to Asp-40, Ser-58 to Arg-64, Thr-71 to Ser-76, Ser-106 to Thr-112.		
177	HEPAB80	1307790	187	73 - 438	1124	Met-1 to Pro-6, Glu-58 to Cys-63, Glu-65 to Gly-72, Thr-74 to Asn-88, Tyr-104 to Trp-109.		
	HEPAB80	570048	717	67 - 435	1654	Met-1 to Pro-6, Glu-58 to Cys-63, Glu-65 to Gly-72, Thr-74 to Val-87.		
178	HEQAK71	598018	188	198 - 332	1125			
179	HERAR44	566811	189	60 - 197	1126			
180	HESAJ10	526013	190	405 - 620	1127			
181	HETAB45	609827	191	123 - 662	1128	Asp-35 to Ser-41,	2p23.3	176830, 176830, 182601, 229800, 602134

						Ser-69 to Gly-74.		
182	HETBR16	703243	192	161 - 355	1129	Ile-23 to Ala-29.		
183	HETLM70	1177512	193	336 - 1025	1130		7p22.3	
	HETLM70	1046327	718	336 - 1025	1655			
	HETLM70	1046328	719	2 - 256	1656	Arg-16 to Gln-28.		
184	HFABG18	847073	194	53 - 316	1131	Glu-36 to Lys-55.	19q13	109560, 205900, 600652, 600757
185	HFAMB72	490697	195	559 - 741	1132	Gln-53 to Thr-60.		
186	HFAMH77	543486	196	240 - 425	1133	Ser-33 to Ser-44.		
187	HFCCQ50	579993	197	47 - 1105	1134	Ala-27 to Ser-38, Pro-43 to Asn-54, Thr-115 to Asp-121, Leu-225 to Val-232, Pro-247 to Gly-252, Arg-306 to Leu-311.	12q24	113100, 124200, 147440, 158590, 160781, 163950, 163950, 251170, 276710, 600175, 601517
188	HFCEW05	561560	198	34 - 663	1135	Asn-20 to Gly-27, Ser-49 to Trp-54, Leu-95 to Thr-101, Ala-140 to Pro-148.		
189	HFFAD59	520369	199	44 - 181	1136	Lys-13 to Asn-19, Asn-27 to Asn-35.	4q32-q34	189800, 208400, 231675
190	HFFAL36	560639	200	68 - 238	1137			
191	HFGAD82	513669	201	1019 - 1135	1138		Xp22.2	300075, 300077, 301200, 302350, 302801, 305435, 306000, 306000, 307800, 308800, 309510, 311200, 312040, 312170, 312700, 313400
192	HFIIZ70	1043350	202	24 - 167	1139		22	
	HFIIZ70	906708	720	74 - 217	1657			
193	HFKET18	889515	203	137 - 361	1140	Lys-60 to Ser-74.		
194	HFKFG02	634743	204	110 - 271	1141		11q13.1-q13.2	106100, 133780, 601650, 602078
195	HFOXB13	570699	205	36 - 200	1142	Trp-30 to Val-35, Lys-44 to Arg-49.		
196	HFPAC12	589522	206	140 - 406	1143	Thr-26 to Glu-33.	5q33.2	109690, 109690, 164770, 180071

197	HFPAO71	629193	207	414 - 809	1144	Pro-43 to Pro-50, Asn-65 to Gly-70.		
198	HFPCX09	1309793	208	185 - 1834	1145	Glu-25 to Lys-33, Glu-115 to Lys-120, Leu-162 to Cys-169, Glu-193 to Ile-203, Ala-219 to Pro-225, Glu-261 to Thr-271, Lys-331 to Trp-336, Lys-353 to Gly-358, Phe-412 to Asp-417, Gln-458 to Gly-467, Phe-533 to Gln-538.		
	HFPCX09	835390	721	249 - 1895	1658	Glu-25 to Lys-33, Glu-115 to Lys-120.		
	HFPCX09	598723	722	185 - 385	1659	Glu-25 to Asn-33.		
199	HFPCX36	526635	209	103 - 243	1146			
200	HFRAN90	520368	210	178 - 342	1147	Pro-49 to Gly-54.		
201	HFTCU19	735139	211	137 - 802	1148	His-2 to Lys-7, Ser-28 to Glu-35.		
	HFTCU19	456457	723	157 - 327	1660			
202	HFTDL56	695976	212	93 - 1652	1149	Met-1 to Pro-7, Gln-21 to Glu-27, Arg-35 to Asp-49, Asn-66 to Leu-72, Trp-82 to Glu-95, Pro-158 to Asn-163.		
203	HFTDZ36	545726	213	547 - 753	1150		16q24.3	155555, 155555, 227650, 253000, 602783
204	HFVAB79	1300736	214	133 - 717	1151	Ser-21 to Trp-34, Cys-68 to Gly-89, Cys-122 to Phe-133, Glu-188 to Leu-194.		

	HFVAB79	565076	724	139 - 723	1661	Ser-21 to Trp-34, Cys-68 to Gly-89, Cys-122 to Phe-133.		
205	HFVGE32	854545	215	154 - 393	1152		9	
	HFVGE32	698580	725	1 - 201	1662	His-49 to Ser-55.		
206	HFVIC62	799525	216	114 - 284	1153	Glu-44 to Asp-50.		
207	HFXAM76	601402	217	213 - 452	1154	Arg-30 to Gly-42, Asp-58 to Ser-63.		
208	HFXDJ75	626114	218	44 - 169	1155	Pro-31 to Pro-37.		
209	HFXDN63	553685	219	33 - 194	1156	Pro-21 to Ser-27.		
210	HFXGT26	745381	220	13 - 270	1157	His-56 to Gln-65, Leu-80 to Ile-85.		
211	HFXGV31	526253	221	100 - 294	1158	Gly-36 to Arg-43, Glu-50 to Glu-58.		
212	HFXHD88	589523	222	130 - 516	1159	Ala-122 to Gly-128.		
213	HFXHK73	609826	223	247 - 450	1160	His-55 to His-67.		
214	HFXKJ03	505207	224	179 - 304	1161	Met-1 to Arg-8.		
215	HFXKT05	658690	225	204 - 443	1162	Leu-16 to Ser-23, Ser-38 to Pro-43, Gly-53 to Leu-60.	1p34.1	120550, 120570, 120575, 121800, 130500, 133200, 138140, 171760, 171760, 178300, 255800
216	HFXKY27	634161	226	44 - 220	1163	Lys-23 to Lys-35, Met-46 to Tyr-52.		
217	HGBFO79	422794	227	273 - 422	1164		17p11.1	100710
218	HGBHE57	566836	228	14 - 220	1165	Ser-18 to Gly-26.	11q25	602782
219	HGBIB74	837220	229	14 - 1144	1166	Ser-67 to Glu-74, Arg-81 to Val-86, Tyr-147 to Asp-160.	20q11.21	
	HGBIB74	838602	726	28 - 540	1663	Ser-67 to Glu-74, Arg-81 to Val-86, Tyr-147 to Asp-160.		
	HGBIB74	899864	727	2 - 454	1664	Ser-3 to Gln-10, Val-14 to Gln-19,		

						Asp-32 to His-40, Gly-50 to His-55, Pro-76 to Ser-87.		
220	HGLAL82	520261	230	144 - 224	1167			
221	HHAAF20	838603	231	141 - 308	1168	Glu-31 to Pro-41.		
222	HHBCS39	1003028	232	104 - 604	1169	Ser-25 to Ala-30, Gln-36 to Thr-48, Arg-53 to Asn-67, Glu-82 to Phe-93, Ser-134 to Asn-142.	6	
	HHBCS39	883427	728	150 - 650	1665	Ser-25 to Ala-30, Gln-36 to Thr-48, Arg-53 to Asn-67, Glu-82 to Phe-93, Ser-134 to Asn-142.		
	HHBCS39	847543	729	1260 - 1340	1666			
223	HHEAA08	638231	233	88 - 324	1170	Asp-9 to Gln-17.		
	HHEAA08	623588	730	311 - 373	1667			
224	HHEMA59	823100	234	239 - 469	1171		13q13.3	600631
225	HHEMA75	494099	235	569 - 823	1172	Lys-74 to Tyr-79.	7q33	180105, 222800
226	HHEMM74	941955	236	94 - 318	1173	Ala-32 to Lys-55.		
	HHEMM74	906815	731	121 - 345	1668	Ala-32 to Lys-55.		
	HHEMM74	902458	732	706 - 807	1669	Pro-13 to His-21, Val-25 to Gly-33.		
	HHEMM74	895682	733	7 - 168	1670	Ser-17 to Cys-29, Arg-32 to Arg-38.		
227	HHENQ22	589958	237	115 - 291	1174	Pro-44 to Tyr-49.		
228	HHEPD24	498227	238	156 - 236	1175	His-22 to Lys-27.		
229	HHEPM33	877639	239	269 - 517	1176	Met-1 to Thr-13, Ser-27 to Phe-34, Arg-53 to Pro-59, Ser-77 to Ser-82.	2q36.1	120070, 120131, 120131, 138030, 259900

230	HHEPT60	463027	240	245 - 355	1177		19p13.3	108725, 120700, 133171, 136836, 145981, 147141, 164953, 188070, 600957, 601238, 601846, 602216, 602477
231	HHEPU04	838217	241	259 - 750	1178	Arg-35 to Ala-41, Phe-55 to Arg-61, Lys-152 to His-163.	16p11.2	147781, 172471, 182381
	HHEPU04	897457	734	267 - 758	1671	Arg-35 to Ala-41, Phe-55 to Arg-61, Lys-152 to His-163.		
	HHEPU04	535730	735	45 - 320	1672	Arg-35 to Ala-41.		
232	HHFBY53	821330	242	172 - 366	1179	Arg-22 to Asn-32.	Xq13.1	304040, 305100, 305450, 309605, 312760, 314250, 314580
233	HHFEC49	905849	243	30 - 584	1180	Arg-16 to Arg-53, Lys-69 to Leu-79, Gln-81 to Thr-88, His-106 to Cys-114, Pro-139 to Gly-155.		
234	HHFFJ48	634521	244	65 - 385	1181	Ser-19 to Ser-25, Pro-27 to Gly-33, Pro-40 to Asn-47, Pro-65 to Gln-70.		
235	HHFGR93	865581	245	132 - 1304	1182	Ser-61 to Trp-66, Lys-76 to Asp-82, Leu-116 to Tyr-124, Gln-131 to His-140, Gln-175 to Pro-181, Trp-187 to Ser-193, Arg-273 to Leu-278, Glu-280 to Lys-286, Pro-296 to Ile-304, Arg-320 to Gly-329, Pro-345 to Pro-357.		
	HHFGR93	691402	736	130 - 840	1673			
236	HHFHJ59	411332	246	192 - 530	1183	Pro-32 to Ser-39.		

237	HHFHR32	411470	247	58 - 762	1184	Met-1 to Leu-13, Gly-33 to Gly-46, Pro-48 to Gly-57, Pro-63 to Gly-68, Pro-89 to Asn-102, Ser-108 to Asn-113, Pro-118 to Pro-124, Pro-132 to Asn-141, Pro-151 to Asn-157, Ile-191 to Met-199, Ser-202 to Gly-215, Phe-222 to Pro-229.	5q14.1	
238	HHFOJ29	1127491	248	117 - 365	1185	Ser-34 to Arg-39.		
	HHFOJ29	1040264	737	132 - 416	1674			
	HHFOJ29	1042456	738	62 - 517	1675			
239	HHGBO91	520198	249	140 - 289	1186	Lys-39 to Glu-45.		
240	HHGCM76	662329	250	270 - 536	1187		17	
	HHGCM76	383547	739	270 - 302	1676			
241	HHGCQ54	544615	251	62 - 217	1188	Ser-16 to Val-33.		
242	HHGDF16	579890	252	253 - 411	1189			
243	HHGDW43	554613	253	107 - 241	1190	Ser-39 to Ser-44.		
244	HHPDX20	610321	254	174 - 374	1191	Gly-43 to Gly-48.		
245	HHPGO40	1299927	255	116 - 1000	1192			
	HHPGO40	753270	740	68 - 973	1677			
	HHPGO40	560969	741	74 - 745	1678			
246	HHPTJ65	490904	256	247 - 393	1193			
247	HHSDX28	553494	257	90 - 260	1194			
248	HILCF66	636025	258	331 - 465	1195	Gln-23 to Asn-28, Gly-38 to Ile-43.		
249	HJACG02	1307789	259	66 - 392	1196	Val-54 to Asp-59.	19p13.3	108725, 120700, 133171, 136836, 145981, 147141, 164953, 188070, 600957, 601238, 601846, 602216, 602477
	HJACG02	509948	742	47 - 373	1679	Val-54 to Asp-59.		

250	HJACG30	895505	260	291 - 425	1197	Thr-26 to Asn-39.	15,X	
	HJACG30	821341	743	50 - 439	1680	Pro-57 to Pro-64.		
	HJACG30	774300	744	350 - 715	1681	Lys-1 to Gly-8.		
251	HJBCU04	877643	261	96 - 626	1198	Met-1 to Cys-7, Gln-45 to Gly-61, Gln-77 to Thr-93, Arg-113 to Arg-118, Ser-135 to Glu-147, Gln-155 to Ala-161.	9p13-p12	230400, 250250
252	HJBCY35	719729	262	232 - 1215	1199	Glu-35 to His-41, Ser-62 to Ala-67, Pro-145 to Leu-155, Glu-157 to Ser-163, Arg-190 to Val-197, Asp-208 to Pro-215, Ser-247 to Pro-252.	7p22.3	
253	HJMBI18	545492	263	574 - 816	1200	Thr-26 to Met-33.	12q24.11	160781, 181405
254	HJMBM38	545752	264	387 - 725	1201		19q13.4	134790, 191044, 600040, 600138
255	HJMBT65	596795	265	341 - 469	1202	Thr-36 to Leu-41.	8p11.2-p11.1	136350, 152760, 180100, 182900, 277700, 600617
256	HJMBW30	491209	266	110 - 238	1203	Pro-30 to Ala-35.		
257	HJPAD75	651337	267	60 - 335	1204	Pro-42 to Cys-50, Leu-61 to Ala-66.		
258	HJPCP42	1040297	268	156 - 827	1205	Asp-77 to Leu-82, Gln-185 to Gln-192.		
	HJPCP42	844091	745	134 - 805	1682	Asp-77 to Leu-82.		
	HJPCP42	852573	746	468 - 494	1683			
	HJPCP42	824612	747	1 - 249	1684	Thr-21 to Thr-29, Gln-51 to Arg-57.		
259	HKAAE44	564406	269	113 - 523	1206			
260	HKAAH36	1352332	270	128 - 1006	1207	Asn-31 to Thr-41, Pro-43 to Asp-49,		

						Glu-56 to Arg-66, Ser-71 to Trp-80, Asn-160 to Val-169, Thr-192 to Val-198, Lys-215 to Asp-226, Asp-234 to Gly-246, Pro-265 to Gly-273.		
	HKAAH36	1352331	748	295 - 723	1685	Asn-31 to Thr-41, Pro-43 to Asp-49, Glu-56 to Arg-66, Ser-71 to Trp-80, Pro-131 to Gly-136.		
	HKAAH36	1352330	749	182 - 1060	1686	Asn-31 to Thr-41, Pro-43 to Asp-49, Glu-56 to Arg-66, Ser-71 to Trp-80, Asn-160 to Val-169, Thr-192 to Val-198, Lys-215 to Asp-226, Asp-234 to Gly-246, Pro-265 to Gly-273.		
	HKAAH36	836040	750	184 - 441	1687	Asn-31 to Thr-41, Pro-43 to Trp-50, Pro-54 to Gly-59, Pro-77 to Cys-84.		
	HKAAH36	838068	751	254 - 1132	1688	Asn-31 to Thr-41, Pro-43 to Asp-49, Glu-56 to Arg-66, Ser-71 to Trp-80, Asn-160 to Val-169, Thr-192 to Val-198, Lys-215 to Asp-226, Asp-234 to Gly-246,		

						Pro-265 to Gly-273.		
	HKAAH36	815661	752	129 - 1007	1689	Asn-31 to Thr-41, Pro-43 to Asp-49, Glu-56 to Arg-66, Ser-71 to Trp-80, Asn-160 to Val-169, Thr-192 to Val-198, Lys-215 to Asp-226, Asp-234 to Gly-246, Pro-265 to Gly-273.		
	HKAAH36	590734	753	189 - 374	1690	Asn-31 to Thr-41, Pro-43 to Asp-49.		
261	HKAAK02	589945	271	97 - 687	1208	Gln-37 to Ala-42, Thr-51 to Ala-57, Pro-71 to His-79, Glu-124 to Arg-137, Ser-151 to Val-159.	19p13.1	143890, 151440, 600173, 600276, 600310, 600310, 601604, 601843
262	HKABI84	565078	272	274 - 417	1209	Phe-25 to Ser-30.	1p32-p34	120950, 120960, 130500, 133200, 138140, 168360, 171760, 171760, 176100, 176100, 178300, 187040, 230000, 255800, 600101, 600650, 600650, 600722, 600722
263	HKABZ65	862030	273	77 - 808	1210	Ser-25 to Ala-31, Gln-146 to Ser-151, His-231 to Asn-236.		
	HKABZ65	665424	754	69 - 800	1691	Ser-25 to Ala-31, Gln-146 to Ser-151, His-231 to Asn-236.		
264	HKACB56	554616	274	27 - 269	1211	Tyr-39 to Lys-58.		
265	HKACD58	1352202	275	38 - 940	1212	Thr-42 to Pro-53, Val-78 to Glu-86, Glu-103 to Met-112, Ala-124 to Gly-131, Trp-158 to Glu-168,		

						Gln-189 to Phe-210, Ala-221 to Gly-226, Arg-274 to Asp-284, Ala-294 to Gly-299.		
	HKACD58	552465	755	35 - 499	1692	Thr-42 to Pro-53, Val-78 to Glu-86, Glu-103 to Met-112, Ala-124 to Gly-131.		
266	HKACH44	545015	276	375 - 509	1213	Cys-25 to Trp-30.	12q24.31	181405
267	HKACM93	1352383	277	218 - 2293	1214	Ser-5 to Trp-10, Ala-30 to Glu-39, Arg-66 to Trp-72, Glu-84 to Arg-97, Glu-159 to Gly-176, Ile-189 to Glu-197, Glu-206 to Arg-215, Arg-218 to Gly-227, Gly-316 to Ala-322, Pro-430 to Val-435, Pro-446 to Gly-452, Ser-488 to Gly-504, Glu-569 to Lys-575, Pro-581 to Cys-588, Ala-687 to Gln-692.	1	
	HKACM93	907084	756	189 - 548	1693	Ser-5 to Trp-10, Ala-30 to Glu-39, Arg-66 to Trp-72, Glu-84 to Arg-97.		
	HKACM93	907085	757	314 - 1120	1694	Ser-5 to Trp-10, Ala-30 to Glu-39, Arg-66 to Trp-72, Glu-84 to Arg-97, Glu-159 to Gly-176,		

						Ile-189 to Glu-197, Glu-206 to Arg-215, Arg-218 to His-226.		
	HKACM93	906154	758	202 - 255	1695	Trp-2 to Met-16.		
	HKACM93	906150	759	638 - 775	1696	Gln-24 to Gly-31, Pro-33 to Ala-38.		
268	HKAEL80	570865	278	398 - 637	1215	Pro-41 to Gln-50.		
269	HKAEV06	1352263	279	501 - 1814	1216	Thr-6 to Trp-13, Thr-75 to Gln-80, Thr-112 to Tyr-117, Leu-133 to Pro-138, Ala-146 to Phe-153, Gln-319 to Ser-325, Val-354 to His-372, Pro-391 to Gly-396, Val-405 to Thr-412, Ile-425 to Asp-437.		
	HKAEV06	638238	760	197 - 370	1697	Thr-6 to Trp-13.		
270	HKAFK41	545018	280	243 - 374	1217		15q22.2	151670, 601780
271	HKAFT66	946512	281	508 - 831	1218	Ser-51 to Thr-57.		
	HKAFT66	889258	761	508 - 831	1698	Ser-51 to Thr-57.		
	HKAFT66	904790	762	234 - 347	1699	Gln-23 to Asp-28.		
272	HKDBF34	833065	282	69 - 734	1219	Lys-60 to Ala-66, Arg-169 to Cys-186, Asp-199 to Gly-205, Thr-214 to Leu-219.	Xp22	300000, 300066, 300077, 300310, 301220, 302350, 304050, 304110, 306100, 309530, 309585, 312040
	HKDBF34	587268	763	18 - 332	1700	Lys-60 to Ala-66, Thr-78 to Ser-83.		
273	HKGAT94	762811	283	449 - 745	1220	Asp-32 to Asp-40, Gly-67 to Pro-94.	1,N/A	
	HKGAT94	460631	764	470 - 754	1701			
274	HKGCO27	601969	284	313 - 591	1221	Lys-23 to Lys-29.		

	HKGCO27	581293	765	57 - 197	1702	Val-37 to Gly-42.		
275	HKISB57	625956	285	130 - 417	1222	Ala-23 to Arg-36, His-38 to Ala-46, Pro-50 to Gly-56, Arg-85 to Val-94.	22q12.2	101000, 101000, 101000, 101000, 123620, 138981, 188826, 600850, 601669
276	HKMLK53	587269	286	20 - 229	1223	Gly-27 to Cys-35.	2q35	118800, 123660, 125660, 125660, 193500, 193500, 193500, 193500, 201460, 205100, 237300, 262000, 600266, 601277
277	HKMLM11	514788	287	82 - 474	1224	Ala-59 to Thr-68, Glu-72 to Ser-108, Glu-115 to Lys-126.		
278	HKMLP68	1037919	288	130 - 372	1225	Gln-27 to Trp-33, Gly-53 to Trp-61.		
	HKMLP68	880047	766	153 - 395	1703	Gln-27 to Trp-33, Gly-53 to Trp-61.		
	HKMLP68	583524	767	471 - 611	1704	Lys-17 to Ser-47.		
279	HKMMD13	604751	289	342 - 491	1226			
280	HKMND01	527402	290	23 - 175	1227			
281	HL2AC08	610018	291	64 - 906	1228	Thr-24 to Asn-30, Tyr-104 to Asp-122, Ser-128 to Ser-134, Pro-208 to Lys-222, Lys-233 to Pro-262.	14q21.3	182600, 232700, 602086
282	HL2AG57	695733	292	560 - 802	1229	Gly-4 to His-10, Asp-32 to Val-38.		
283	HLCND09	1172046	293	146 - 478	1230	Glu-37 to Trp-42, Phe-67 to Gly-88, Pro-101 to Leu-110.		
	HLCND09	1035153	768	38 - 463	1705	Glu-37 to Trp-42.		
284	HLDBE54	836041	294	155 - 1108	1231	Glu-39 to Gly-45, Thr-51 to Gly-60, Ala-63 to Gln-77, Gly-122 to Asn-129,		

						Leu-175 to Ser-181, Thr-193 to Pro-199, Thr-236 to Gly-241, Asn-256 to Lys-279, Glu-311 to Leu-317.		
	HLDBE54	600362	769	130 - 399	1706	Glu-39 to Gly-45, Thr-51 to Gly-60, Ala-63 to Gln-82.		
	HLDBE54	800678	770	133 - 1590	1707	Thr-36 to Arg-41, Pro-55 to Pro-60, Pro-67 to Leu-72, Asn-111 to Ser-118, Cys-138 to Asp-144, Asn-290 to Pro-296, Gly-350 to Phe-358, Gly-379 to Glu-384, Gln-399 to Cys-426, Ser-428 to Ser-438.		
285	HLDBX13	815665	295	303 - 470	1232			
286	HLDNA86	1352197	296	238 - 726	1233	Arg-35 to Ala-41, Phe-55 to Arg-61, Lys-152 to His-163.	16p11.2	147781, 172471, 182381
	HLDNA86	535730	771	45 - 323	1708	Arg-35 to Ala-41.		
287	HLDON23	636083	297	368 - 709	1234	Arg-28 to Gln-36.	15q23	118485, 151670, 231680, 272800, 272800, 272800, 276700, 600374, 601780
288	HLDOW79	847396	298	43 - 870	1235	Pro-171 to Gln-179, Leu-218 to Lys-225, Phe-266 to Cys-275.		
289	HLDQC46	847397	299	163 - 426	1236	Lys-76 to Asp-87.	7q11.23	116860, 129900, 233700, 600079
290	HLDQR62	753742	300	520 - 1005	1237	Arg-122 to Ser-139, Met-144 to Glu-149.	5p15.2-p14.1	123000, 602568
291	HLDQU79	740755	301	99 - 1142	1238	Leu-68 to Lys-74,	10q21-q22	126090, 129010, 142600, 154545, 250850, 601386, 601493

						Tyr-109 to Lys-115, Gln-200 to Val-205, Lys-207 to Lys-214, Glu-237 to Ile-244, Ala-271 to Thr-279, Ser-317 to Ser-329, Gln-342 to Gly-348.		
292	HLDRM43	846330	302	24 - 479	1239	Trp-35 to Trp-45, Pro-52 to Asp-57, Thr-73 to Arg-82, Pro-105 to Leu-112, Pro-115 to Arg-127, Pro-140 to Gln-151.		
	HLDRM43	638939	772	164 - 619	1709	Trp-35 to Trp-45, Pro-52 to Asp-57, Thr-73 to Arg-82, Pro-105 to Leu-112, Pro-115 to Arg-127, Pro-140 to Gln-151.		
293	HLDRP33	647430	303	215 - 340	1240	Ser-31 to Gln-41.		
294	HLHFP03	460467	304	224 - 574	1241	Tyr-28 to Phe-34, Thr-54 to Val-60, Tyr-73 to Thr-82.		
295	HLHFR58	919888	305	206 - 271	1242		3p	
	HLHFR58	895019	773	205 - 270	1710			
	HLHFR58	897241	774	288 - 488	1711	Pro-1 to Cys-8.		
	HLHFR58	894001	775	254 - 526	1712			
296	HLIBD68	778073	306	186 - 338	1243	Met-37 to Ser-43.		
297	HLICQ90	791828	307	249 - 869	1244	Pro-55 to Gly-66, Phe-92 to Leu-103.		
298	HLMBO76	626831	308	43 - 366	1245		11q25	602782
299	HLQBE09	520375	309	17 - 562	1246	Thr-55 to Gln-66,		

						Asp-85 to Glu-92, Pro-125 to Ser-130, Gly-146 to Ala-154, Leu-170 to Lys-177.		
300	HLQDR48	1307726	310	10 - 582	1247	Arg-54 to Asn-65, Glu-80 to Ala-87, Val-170 to Arg-175, Arg-185 to Arg-190.	19p13.2	108725, 120700, 133171, 143890, 147670, 147670, 147670, 151440, 164953, 231670, 600276, 600957, 601843
	HLQDR48	619979	776	3 - 575	1713			
301	HLTAU74	853614	311	76 - 264	1248	Met-1 to Leu-7, His-26 to Pro-33.		
302	HLTDV50	520231	312	74 - 160	1249			
303	HLTEI25	396672	313	155 - 280	1250			
304	HLTEJ06	543017	314	197 - 364	1251	Gln-25 to Phe-43.		
305	HLTFA64	638242	315	268 - 399	1252			
306	HLTHG37	787530	316	50 - 1006	1253	Asn-36 to Lys-42, Lys-53 to Gln-60, Ile-64 to Ala-77, Ala-128 to Tyr-135, Lys-184 to Ala-199, Leu-245 to Leu-250.		
	HLTHG37	743169	777	313 - 441	1714			
307	HLWAA17	629552	317	436 - 996	1254	Lys-17 to Glu-27, Gln-40 to Gly-47.	1q21	104770, 107670, 110700, 135940, 145001, 146790, 152445, 152445, 159001, 174000, 179755, 182860, 182860, 182860, 191315, 230800, 230800, 266200, 600897, 601105, 601412, 601652, 602491
308	HLWAA88	588485	318	35 - 376	1255	Ala-43 to Trp-57, Ser-81 to Ser-97, Pro-102 to Cys-113.	10q23.2	174900, 203300, 236730
	HLWAA88	769166	778	51 - 1514	1715	Ala-43 to Trp-57, Ser-81 to Gly-88, Tyr-125 to Asp-134,		

						Pro-141 to Gly-154, Val-172 to Glu-178, Lys-296 to Gly-305, Leu-307 to Arg-314, Thr-335 to His-341.		
309	HLWAD77	653513	319	326 - 748	1256			
310	HLWAE11	783071	320	28 - 861	1257	Asp-55 to Asp-67, Ser-76 to His-81, Lys-96 to Gly-103, Met-111 to Gly-133, Gln-222 to Ile-228, Lys-250 to Tyr-258.	22q13.1	103050, 103050, 124030, 124030, 138981, 182380, 188826, 190040, 190040, 190040
311	HLWAO22	587270	321	212 - 1276	1258	Cys-126 to Thr-138, Glu-165 to Gly-172, Thr-189 to Leu-200, Gly-222 to Gly-229, Pro-346 to Lys-354.	12q13	107777, 123940, 139350, 139350, 148040, 148041, 148043, 148070, 231550, 600194, 600231, 600536, 600808, 600956, 601284, 601769, 601769, 601928, 602116, 602153
312	HLWAY54	658702	322	38 - 1054	1259	Asp-27 to Ser-32, Pro-52 to Thr-58, Arg-63 to Asn-70, Gln-78 to Gly-83, Thr-107 to Asn-113, Thr-160 to Val-176, Ser-188 to Gly-241, Leu-248 to Pro-265, Tyr-302 to Gly-314.	12p13.31	125370, 601458
313	HLWBH18	1045194	323	107 - 289	1260	Arg-18 to Trp-33, Pro-36 to Ser-47.		
	HLWBH18	889277	779	67 - 249	1716	Arg-18 to Trp-33, Pro-36 to Ser-47.		
314	HLWBI63	566842	324	149 - 340	1261	Met-1 to Pro-12.		
315	HLWBK05	765310	325	280 - 1176	1262	Pro-38 to Ile-45.	12q24.31	181405

316	HLWBY76	797609	326	432 - 1130	1263		7q21.13	129900, 154276, 602136, 602136, 602136, 602447
317	HLWCF05	460619	327	155 - 328	1264			
318	HLYAC95	778075	328	92 - 232	1265			
319	HLYAF80	460622	329	222 - 365	1266			
320	HLYAN59	1352203	330	383 - 613	1267	Val-38 to Cys-45.		
	HLYAN59	553507	780	254 - 418	1717			
321	HLYAP91	553514	331	280 - 531	1268			
322	HLYAZ61	1352163	332	190 - 855	1269	Asp-59 to Asn-65, Lys-72 to Trp-79, Tyr-110 to Val-121, Ala-204 to Leu-216.	3q25.1	222900, 601402
	HLYAZ61	423998	781	205 - 852	1718	Asp-59 to Asn-65, Lys-72 to Trp-79, Tyr-110 to Val-121, Ala-204 to Asn-215.		
323	HLYBD32	566657	333	98 - 310	1270			
324	HLYES38	638042	334	69 - 287	1271			
325	HMADS41	596831	335	267 - 533	1272		8p23	148370
326	HMADU73	1352177	336	491 - 2629	1273	Arg-48 to Asn-56, Gly-166 to Ser-175, Tyr-250 to Leu-261, Glu-329 to Gly-355, Ala-378 to Tyr-383, Gly-390 to Tyr-413, Pro-422 to Cys-433, Gln-491 to Tyr-496, Phe-511 to Ser-520, Pro-542 to Arg-551, Arg-568 to Val-582, Gly-595 to Glu-601, Gln-608 to Pro-614, Pro-669 to Pro-678.	14q11.2	182600, 186880, 190195, 190195, 222700, 600243, 602279, 602279

	HMADU73	467053	782	115 - 348	1719	Arg-48 to Asn-56.		
327	HMAMI15	1352406	337	4 - 1023	1274	Gly-33 to Lys-41, Pro-52 to Lys-60, Asn-81 to Ala-86, Lys-156 to Met-164, Gln-283 to Lys-292, Glu-303 to Gly-308.		
	HMAMI15	1049263	783	3 - 923	1720	Gly-33 to Lys-41, Pro-52 to Lys-60, Asn-81 to Ala-86.		
328	HMDAE65	520338	338	179 - 412	1275	Asp-18 to His-25, Phe-55 to Tyr-69.		
329	HMDAM24	514394	339	109 - 171	1276		17q21.32	109270, 109270, 109270, 109270, 109270, 120150, 120150, 120150, 148065, 148080, 154275, 171190, 173470, 185800, 221820, 249000, 253250, 273800, 273800, 600119, 600119, 600525, 601844
330	HMDAQ29	600406	340	180 - 428	1277	Pro-53 to Thr-65.		
331	HMEAI48	1352290	341	36 - 299	1278	Arg-48 to Lys-55, Gly-61 to Glu-70.	15q22	102578, 109700, 151670, 154550, 601780
	HMEAI48	709671	784	95 - 217	1721	Gln-34 to Lys-40.		
332	HMECK83	636035	342	50 - 211	1279			
333	HMEET96	566720	343	121 - 921	1280	Thr-187 to Lys-192, Asn-255 to Leu-262.	1p12	600234, 602094
334	HMIAL37	603201	344	49 - 342	1281	Pro-18 to Lys-26.	11p14.3	602092
335	HMIAP86	726831	345	182 - 1186	1282	Ser-34 to Thr-39, Gln-198 to Leu-205.	Xq24	300046, 300123, 301201, 301835, 301845, 307150, 310490, 311850
336	HMKCG09	548078	346	221 - 370	1283			
337	HMMAH60	562776	347	142 - 294	1284	Ser-20 to Ser-34, Thr-40 to Ser-46.		
338	HMQDF12	566844	348	63 - 491	1285	Ser-66 to Thr-75.	1q25.1-q32.3	145001, 145260, 150292, 208250, 600759, 600995, 601652, 601975
339	HMSBX80	597448	349	169 - 342	1286			

340	HMSFS21	545427	350	28 - 141	1287			
341	HMSGB14	570833	351	138 - 371	1288	Thr-27 to Arg-33.		
342	HMSGT42	383470	352	40 - 315	1289	Pro-65 to Cys-71.	1p31	180069, 180069, 180069, 201450, 248610, 600309, 601676, 602522
343	HMSHM14	461897	353	103 - 240	1290	Met-1 to Ser-6, Pro-29 to Ser-34.	3q23	106165, 110100, 117700, 117700, 150210, 169600, 180380, 180380, 180380, 203500, 276902, 601199, 601199, 601199, 601682
344	HMSHS36	1127691	354	134 - 445	1291	Thr-28 to Arg-49, Ser-57 to Arg-64, Pro-72 to His-78.		
	HMSHS36	1028961	785	162 - 473	1722	Thr-28 to Arg-49, Ser-57 to Arg-64.		
345	HMSJM65	633637	355	111 - 344	1292	Glu-63 to Trp-72.		
346	HMSJU68	427121	356	272 - 421	1293	Met-1 to Gly-7.		
347	HMSKC04	799540	357	133 - 354	1294	Thr-27 to Arg-33, Gly-37 to Ser-42, Pro-52 to Arg-72.		
348	HMTBI36	1301451	358	256 - 3129	1295	Thr-25 to Lys-31, Leu-116 to Glu-121, Asp-153 to Thr-161, Gly-164 to Arg-170, Ser-216 to Gly-226, Pro-229 to Gln-237, Arg-246 to Glu-260, Arg-291 to Gln-298, Arg-341 to Glu-348, Lys-356 to Ser-364, Gln-387 to Phe-398, Leu-429 to Phe-435, Trp-455 to Ile-463, Tyr-489 to Ala-496, Thr-518 to Ala-525,	3p21.31	116806, 168468, 182280, 212138, 600163

						Lys-542 to Leu-549, Pro-627 to Ile-632, Ser-637 to Arg-651, Ser-821 to Gly-827, Gln-921 to Ser-927, Arg-932 to Ile-941, Ser-945 to Arg-957.		
	HMTBI36	866466	786	255 - 3128	1723	Thr-25 to Lys-31, Leu-116 to Glu-121, Asp-153 to Thr-161, Gly-164 to Arg-170, Ser-216 to Gly-226, Pro-229 to Gln-237, Arg-246 to Glu-260, Arg-291 to Gln-298, Arg-341 to Glu-348, Lys-356 to Ser-364, Gln-387 to Phe-398, Leu-429 to Phe-435, Trp-455 to Ile-463, Tyr-489 to Ala-496, Thr-518 to Ala-525, Lys-542 to Leu-549, Pro-627 to Ile-632, Ser-637 to Arg-651, Ser-821 to Gly-827, Gln-921 to Ser-927, Arg-932 to Ile-941, Ser-945 to Arg-957.		
349	HMUAP70	872208	359	183 - 845	1296	Cys-15 to Gly-36.	5q31.3	131400, 159000, 180071, 181460, 272750, 600807, 601596, 602089
	HMUAP70	723302	787	413 - 724	1724	Lys-83 to Thr-90.		
	HMUAP70	778820	788	251 - 844	1725			

	HMUAP70	674913	789	62 - 379	1726			
	HMUAP70	646810	790	60 - 263	1727			
	HMUAP70	381964	791	60 - 128	1728			
350	HMVBN46	626667	360	10 - 156	1297	His-29 to Asn-34.		
351	HMWEB02	638159	361	106 - 381	1298	Ser-46 to Gly-51.		
352	HMWFO02	1352198	362	7 - 210	1299	Pro-60 to Arg-68.		
	HMWFO02	542061	792	20 - 202	1729			
353	HMWGY65	1308287	363	42 - 1514	1300	Pro-18 to Gly-30, Arg-98 to Cys-103, Glu-106 to Arg-111, Ser-117 to Gly-122, Glu-132 to Ala-140, Pro-247 to Arg-252, Val-301 to Ala-308, Pro-334 to Ser-339, Arg-348 to Thr-354, Glu-427 to Gly-439, Gly-442 to Glu-448, Ala-457 to Gly-463.		
	HMWGY65	794987	793	42 - 608	1730	Pro-18 to Gly-30.		
354	HNEAC05	519340	364	101 - 418	1301	Met-1 to Gly-8, Thr-33 to Cys-38, Arg-79 to Arg-89.	8q22.2	148900, 216550
355	HNEEB45	1036397	365	139 - 312	1302	Thr-43 to Arg-51.		
	HNEEB45	842650	794	226 - 399	1731			
356	HNFFC43	753337	366	488 - 691	1303	Asp-21 to Ser-29.	12q13.12	120140, 120140, 120140, 120140, 120140, 120140, 120140, 126337, 600808, 601284, 601769, 601769, 602116
357	HNFIU96	460611	367	170 - 409	1304			
358	HNFJF07	577013	368	86 - 286	1305	Val-25 to Gly-33.		
359	HNFJH45	410107	369	275 - 478	1306			
360	HNGAK47	561488	370	89 - 211	1307			
361	HNGAP93	520227	371	50 - 151	1308			

362	HNGBC07	1037631	372	81 - 830	1309	Glu-30 to Arg-44, Asp-58 to Cys-67, Pro-70 to Pro-75.	22	
	HNGBC07	904311	795	122 - 256	1732	Gly-27 to Ser-42.		
	HNGBC07	904812	796	55 - 189	1733	Gly-27 to Ser-42.		
363	HNGBT31	408334	373	224 - 538	1310	Ala-83 to Thr-91.		
364	HNGDG40	532617	374	13 - 393	1311	Gln-2 to Gly-10, Asp-77 to Phe-82.		
365	HNGDJ72	532619	375	185 - 523	1312	Asp-15 to Tyr-21, Pro-29 to Asn-39.		
366	HNGDU40	597526	376	333 - 488	1313	Gly-18 to Ser-27, Gly-46 to Asp-51.		
367	HNGEO29	532622	377	98 - 232	1314	Met-1 to Arg-8, Leu-35 to Glu-41.		
368	HNGEP09	499076	378	72 - 320	1315	Asp-45 to Thr-50.		
369	HNGHR74	553443	379	53 - 178	1316			
370	HNGIH43	410179	380	178 - 300	1317		10,C	
371	HNGIJ31	519120	381	135 - 245	1318	Pro-18 to Glu-25.		
372	HNGIQ46	526651	382	221 - 433	1319	Ala-28 to Gly-34, Pro-57 to Thr-66.		
373	HNGJE50	561568	383	77 - 217	1320			
374	HNGJO57	579737	384	87 - 245	1321			
375	HNGJP69	604891	385	321 - 545	1322			
376	HNGJT54	498272	386	172 - 276	1323			
377	HNGKN89	834857	387	436 - 597	1324			
378	HNGOM56	836064	388	391 - 558	1325	Pro-25 to Glu-40, Lys-50 to His-55.		
379	HNGOU56	843515	389	317 - 496	1326	Ser-34 to Thr-40.		
380	HNGOW62	892160	390	167 - 331	1327	Ser-22 to His-40.	10p11.1	
381	HNHAH01	496115	391	328 - 492	1328			
382	HNHCX60	520300	392	158 - 223	1329			
383	HNHCY64	520294	393	258 - 392	1330	Gly-33 to Asn-44.		

384	HNHCY94	520298	394	78 - 221	1331			
385	HNHDW38	531908	395	231 - 368	1332			
386	HNHDW42	410114	396	168 - 383	1333			
387	HNHED17	1352204	397	274 - 426	1334	Lys-36 to Asp-42, Pro-45 to Tyr-51.		
	HNHED17	553511	797	282 - 428	1734	Lys-36 to Asp-42.		
388	HNHEI42	985880	398	52 - 162	1335			
	HNHEI42	902442	798	28 - 138	1735			
	HNHEI42	842223	799	166 - 252	1736			
	HNHEI42	823723	800	331 - 435	1737	Pro-10 to Cys-19.		
389	HNHFO29	463568	399	160 - 699	1336	Lys-97 to Gln-106, Gln-112 to Pro-118, Pro-123 to Lys-130, Arg-153 to Gly-158.		
390	HNHFR04	646709	400	71 - 307	1337			
391	HNHFU32	562728	401	175 - 333	1338	Ala-35 to Asp-44.		
392	HNHOD46	843488	402	12 - 251	1339			
393	HNHOG73	835026	403	342 - 497	1340	Ala-35 to Leu-43.		
394	HNHPD10	834927	404	291 - 413	1341			
395	HNTBI57	570877	405	210 - 386	1342	Met-1 to Trp-15, Thr-52 to Met-58.		
396	HNTCE26	1160395	406	111 - 1316	1343	Tyr-2 to Gly-15, Trp-192 to Asp-199, Lys-248 to Leu-253, Arg-330 to Lys-336, Gln-354 to Val-364, Val-383 to Ser-392.		
	HNTCE26	853373	801	57 - 422	1738	Arg-75 to Lys-81, Gln-99 to Asp-109.		
397	HNTNC20	700627	407	270 - 926	1344	Gln-23 to Gly-30, Gln-35 to Gln-43, Leu-73 to Glu-84,		

						Arg-125 to Pro-133, Ser-140 to Thr-145, Thr-153 to Thr-164.		
398	HNTNI01	1352285	408	307 - 534	1345	Lys-71 to Trp-76.		
	HNTNI01	699848	802	306 - 455	1739			
399	HNTSY18	1041383	409	257 - 526	1346	Pro-53 to Arg-59, Ala-64 to Cys-69.	7	
	HNTSY18	897950	803	420 - 656	1740	Pro-13 to Ser-19, Glu-25 to Glu-31, Pro-44 to Gly-53, Gly-74 to Arg-79.		
400	HOAAC90	1301202	410	33 - 347	1347	Trp-25 to Pro-33, Gln-88 to Pro-93.		
	HOAAC90	518979	804	38 - 352	1741	Trp-25 to Pro-33, Gln-88 to Pro-93.		
401	HOACB38	520201	411	63 - 185	1348			
402	HOCNF19	835049	412	166 - 429	1349	Thr-45 to Pro-56, Ser-66 to Lys-74.		
403	HODDF13	684307	413	46 - 171	1350	Thr-28 to Ser-40.		
404	HODDN65	520348	414	251 - 313	1351			
405	HODDN92	422913	415	434 - 541	1352			
406	HODDO08	790333	416	725 - 1042	1353	Gly-96 to Cys-106.		
407	HODDW40	579256	417	139 - 261	1354			
408	HODEJ32	835027	418	358 - 489	1355			
409	HODFN71	1194866	419	1 - 477	1356	Lys-50 to Phe-57, Ser-70 to Arg-77, Tyr-81 to Ser-87, Pro-112 to Thr-117.		
	HODFN71	834999	805	27 - 473	1742	Lys-39 to Phe-46, Ser-59 to Arg-66, Tyr-70 to Ser-76, Pro-101 to Thr-106.		

410	HODGE68	834907	420	87 - 266	1357	Leu-2 to Gln-7.		
411	HOEBK34	768325	421	149 - 643	1358	Asp-18 to Arg-31, Leu-38 to Gln-52.	9q22.3	162400, 227645, 229700, 278700, 601309, 601309, 602088
	HOEBK34	509951	806	68 - 334	1743	Asp-18 to Arg-31, Leu-38 to Leu-53.		
412	HOEBZ89	828177	422	19 - 1020	1359	Lys-34 to Glu-39, Ile-47 to Ser-53, Pro-106 to Leu-111, Pro-140 to Gly-146, Glu-195 to Gly-204, Leu-281 to Thr-288, Glu-291 to Arg-297, Tyr-302 to Ile-308.		
413	HOEDB32	634994	423	104 - 784	1360	Pro-34 to Ser-43, Glu-54 to Ser-60.	17q11.2	154275, 162200, 162200, 182138, 239100, 600881, 601954, 602403
414	HOEDE28	1036480	424	248 - 601	1361	Arg-19 to Met-24, His-64 to Pro-75, Glu-82 to Leu-88.	15	
	HOEDE28	900015	807	387 - 449	1744			
415	HOEDH84	748236	425	256 - 1467	1362	Ser-74 to Ala-84, Gln-156 to Tyr-161, Tyr-184 to Asn-189, Ser-218 to Ile-223, Pro-299 to Ser-308, His-359 to Thr-368, Tyr-390 to Asp-404.		
416	HOEFV61	833079	426	64 - 606	1363	Thr-49 to Arg-54, Leu-147 to Asp-153.		
417	HOFMQ33	1184465	427	49 - 1503	1364	Leu-37 to Gly-44, Thr-137 to Leu-144, Ala-178 to Asn-184, Asp-194 to Val-201,		

						Leu-252 to Glu-258, Asp-280 to Tyr-293, Asn-296 to Thr-301, Asp-322 to Asp-348, Asn-363 to Ser-368, His-370 to Thr-378, Asn-380 to Cys-386, Glu-391 to Cys-399, Leu-421 to Arg-426, Glu-454 to Tyr-459.		
	HOFMQ33	919896	808	48 - 1502	1745	Leu-37 to Gly-44, Pro-46 to Gly-51, Thr-137 to Leu-144, Ala-178 to Asn-184, Asp-194 to Val-201, Leu-252 to Glu-258, Asp-280 to Tyr-293, Asn-296 to Thr-301, Asp-322 to Asp-348, Asn-363 to Ser-368, His-370 to Thr-378, Asn-380 to Cys-386, Glu-391 to Cys-399, Leu-421 to Arg-426, Glu-454 to Tyr-459.		
	HOFMQ33	906694	809	78 - 875	1746	Leu-37 to Gly-43.		
	HOFMQ33	902639	810	724 - 741	1747			
	HOFMQ33	702186	811	123 - 374	1748	Met-2 to Ser-9.		
418	HOFMT75	911180	428	83 - 1315	1365	Thr-30 to Met-36, His-121 to Thr-136, Leu-231 to Gly-236, Thr-248 to Pro-256, Gly-342 to Thr-353.		

	HOFMT75	905365	812	83 - 427	1749	Thr-30 to Met-36.		
	HOFMT75	892308	813	1225 - 1500	1750			
	HOFMT75	892291	814	129 - 1232	1751	Thr-30 to Met-36, Pro-51 to Ser-56, His-121 to Thr-136, Leu-233 to Gly-243, Thr-250 to Ser-258, Thr-265 to Trp-270.		
419	HOFNC14	1352378	429	79 - 297	1366			
	HOFNC14	899292	815	155 - 373	1752			
420	HOFND85	847424	430	167 - 2047	1367	Asp-216 to Gly-224, Asp-268 to Asn-274, Thr-285 to Lys-290, Asp-339 to Pro-345, Ile-356 to Pro-361, Arg-371 to Asn-378, Ala-408 to Tyr-417, Pro-429 to Gln-434, Arg-461 to Pro-466, Ala-475 to Ala-482.		
421	HOFNY91	847425	431	64 - 312	1368	Ser-15 to Thr-31.	7q11.23	116860, 129900, 233700, 600079
422	HOFOC33	1186156	432	76 - 1167	1369	Thr-28 to Tyr-40, Gln-61 to Ser-68, Glu-74 to Lys-95, Glu-163 to Thr-169, Arg-197 to His-204, Ser-210 to Phe-216, Thr-272 to Asp-278, Arg-286 to Gly-291, Cys-310 to Ala-316.		
	HOFOC33	967554	816	81 - 419	1753	Thr-28 to Tyr-40, Gln-61 to Ser-68,		

						Glu-74 to Leu-94.		
	HOFOC33	878690	817	81 - 419	1754	Thr-28 to Tyr-40, Gln-61 to Ser-68.		
	HOFOC33	905734	818	76 - 495	1755	Thr-28 to Tyr-40, Gln-61 to Ser-68, Glu-74 to Lys-95, Thr-119 to Leu-124, Pro-126 to Gln-131.		
	HOFOC33	902326	819	23 - 46	1756			
	HOFOC33	885140	820	158 - 202	1757			
	HOFOC33	806819	821	3 - 866	1758			
423	HOFOC73	931871	433	18 - 407	1370	Pro-22 to Cys-30, Gly-43 to Tyr-53, Ser-55 to Trp-65, Ala-76 to His-81, Pro-101 to Gly-108, Pro-121 to Gly-127.		
	HOFOC73	907073	822	23 - 226	1759	Thr-47 to Pro-55.		
	HOFOC73	907072	823	127 - 171	1760	Pro-1 to Val-7.		
	HOFOC73	878863	824	142 - 162	1761			
424	HOGAW62	579891	434	259 - 426	1371	Met-1 to Gly-6, Trp-23 to Arg-29, Ala-38 to Ser-45.		
425	HOGCK20	745445	435	57 - 1622	1372	Pro-25 to Arg-31, Thr-52 to Val-63, Asn-129 to Lys-135, Gln-197 to Trp-202, Thr-230 to Glu-236, Pro-242 to Tyr-248, Leu-280 to Pro-291, Ser-348 to Ser-356, Pro-362 to Gln-368,	20q12-q13.12	600281, 600281, 602025

						Thr-398 to His-406, Trp-430 to Leu-435, Glu-499 to Gly-504.		
	HOGCK20	664499	825	53 - 1717	1762	Pro-24 to Arg-30, Thr-51 to Val-62, Asn-128 to Lys-134, Gln-196 to Trp-201, Thr-229 to Glu-235, Pro-241 to Tyr-247, Leu-279 to Pro-290, Ser-347 to Ser-355, Pro-361 to Gln-367, Thr-397 to His-405, Trp-429 to Leu-434, Gln-510 to Val-518.		
426	HOGCK63	895880	436	514 - 1254	1373	Thr-60 to Ala-65, Leu-94 to Glu-99, Cys-182 to Trp-188.		
	HOGCK63	902295	826	1455 - 1472	1763			
427	HOGCS52	919898	437	25 - 1383	1374	Met-28 to Arg-34, Thr-154 to Arg-173, Gly-180 to Tyr-185, Leu-226 to Asp-231, Leu-272 to Lys-277, Thr-378 to Asn-383, Asp-421 to Tyr-433, Leu-442 to Ala-451.		
	HOGCS52	907118	827	30 - 1391	1764	Met-28 to Arg-34, Thr-154 to Arg-173, Gly-180 to Tyr-185, Leu-226 to Asp-231, Leu-272 to Lys-277, Thr-378 to Asn-383,		

						Asp-421 to Arg-431.		
	HOGCS52	867965	828	2 - 289	1765	Ala-1 to Ala-6.		
428	HOHBB49	833080	438	148 - 294	1375	Pro-17 to His-22, Ser-29 to Ser-39.		
429	HOHBC68	603968	439	348 - 734	1376	Pro-37 to Asp-53.		
430	HOHBY12	625973	440	232 - 831	1377	Pro-33 to Phe-43, Pro-48 to Lys-54, His-61 to Val-66.		
431	HOHBY44	873264	441	170 - 724	1378	Glu-23 to Gln-30, Asn-42 to Gly-65, Thr-84 to Lys-100, Glu-105 to Ser-110, Arg-132 to Phe-138, Pro-159 to Arg-172.	15	
	HOHBY44	873263	829	2 - 232	1766			
	HOHBY44	785886	830	54 - 305	1767	Cys-25 to Asn-36.		
432	HOHCC74	547977	442	327 - 473	1379		19q13.4	134790, 191044, 600040, 600138
433	HOHCH55	827481	443	221 - 1702	1380	Met-1 to Phe-6, Arg-44 to Arg-52, His-64 to Cys-69, Tyr-99 to Gln-147, His-158 to Gly-169, Phe-177 to Asp-182, Cys-194 to Cys-202, Gly-213 to Phe-218, Pro-224 to Gly-236, Asp-254 to Trp-261, Asp-263 to Ala-303, Trp-305 to Cys-316, Lys-326 to Asp-332, Pro-334 to Cys-343, Pro-350 to Asp-370,	13q33	133530, 601295

						Thr-407 to Asn-413, Gly-425 to Cys-431, Asp-449 to Asp-459, Gly-472 to Asn-483.		
	HOHCH55	815682	831	230 - 1636	1768	Met-1 to Phe-6, Arg-44 to Arg-52, His-64 to Cys-69, Tyr-99 to Gln-147, His-158 to Gly-169, Phe-177 to Asp-182, Cys-194 to Cys-202, Gly-213 to Phe-218, Pro-224 to Gly-236, Asp-254 to Trp-261, Asp-263 to Ala-303, Trp-305 to Cys-316, Lys-326 to Asp-332, Pro-334 to Cys-343, Pro-350 to Asp-370, Thr-407 to Asn-413, Gly-425 to Cys-431, Asp-449 to Gly-460.		
434	HONAH29	1299928	444	136 - 771	1381	Arg-40 to Gly-45, Leu-56 to Ser-61, Ser-65 to Gly-72, Gly-87 to Leu-92, Tyr-111 to Pro-121, Arg-135 to Phe-144, Asp-151 to Val-160, Phe-188 to Asp-196.		
	HONAH29	457167	832	144 - 779	1769			
435	HOSDJ25	854234	445	1076 - 1195	1382	Gly-18 to Lys-23, Pro-31 to Gly-38.		

	HOSDJ25	566845	833	146 - 268	1770	Gly-18 to Lys-23, Pro-31 to Gly-38.		
436	HOSEG51	545809	446	232 - 540	1383	Ser-59 to Glu-67.		
437	HOSFD58	614040	447	56 - 1927	1384	Asn-15 to Trp-20, Ser-36 to Gly-41, Pro-103 to Val-110, Pro-134 to Arg-143, Leu-173 to Arg-178, Ser-190 to Ala-197, His-314 to Arg-319, Arg-354 to Asn-362, Asp-391 to Arg-397, Glu-402 to Asp-409, Asp-434 to Leu-439, Glu-441 to Arg-446, Gly-455 to Asp-462, Pro-528 to His-541, Asn-566 to Arg-571, Tyr-574 to Glu-581, Thr-589 to Glu-603.	4q24	157147, 248510
	HOSFD58	383513	834	477 - 659	1771	Gly-28 to Leu-42, Met-52 to Leu-58.		
438	HOUCQ17	429229	448	508 - 3408	1385	Gly-8 to Leu-14, Met-18 to Phe-30.		
439	HOUDK26	565393	449	214 - 735	1386	Ser-139 to Ser-144, Phe-153 to Leu-159, Gln-162 to Ser-170.		
440	HOVCA92	527644	450	181 - 369	1387			
441	HPASA81	1352382	451	19 - 1818	1388	Asn-46 to Cys-51, Glu-56 to Ser-62, Asp-73 to Glu-79, Phe-158 to Pro-168, Glu-180 to Ile-185,		

						Asp-209 to Asn-214, Phe-229 to Asn-234, Asp-243 to Arg-249, Asn-288 to Cys-301, Arg-322 to Thr-330, Cys-435 to Thr-440, Gly-454 to Lys-462, Ser-498 to Gln-507, Ser-511 to Asp-525, Leu-533 to Gly-541, His-550 to Asn-560, Gln-588 to Tyr-600.		
	HPASA81	900548	835	14 - 958	1772	Asn-46 to Cys-51, Glu-56 to Ser-62, Asp-73 to Glu-79, Phe-158 to Pro-168, Glu-180 to Ile-185, Asp-209 to Asn-214, Phe-229 to Asn-234, Asp-243 to Arg-249, Asn-288 to Asn-293, Lys-297 to Gln-302.		
	HPASA81	801923	836	124 - 342	1773	Asn-46 to Cys-51, Glu-56 to Ser-62.		
442	HPBCU51	411080	452	86 - 445	1389	Leu-20 to Ala-26, Arg-32 to Arg-39, Thr-104 to Gly-112.	9q34.3	120215, 120215, 190198
443	HPDDC77	1306899	453	51 - 446	1390	Arg-29 to Pro-37, Gln-46 to Val-56.	5q15	162150
	HPDDC77	422936	837	510 - 905	1774	Arg-29 to Pro-37, Gln-46 to Val-56.		
444	HPDWP28	1094609	454	143 - 292	1391	Thr-35 to Gly-48.	8	
	HPDWP28	1047702	838	133 - 282	1775	Thr-35 to Gly-48.		

445	HPEAD48	520367	455	203 - 496	1392	Gln-51 to Thr-61, Ser-65 to Thr-71, Pro-85 to Gln-91.		
446	HPEBE79	519003	456	79 - 126	1393			
447	HPFCL43	535710	457	21 - 260	1394	Pro-14 to Asp-25, Leu-51 to Val-63.	5	
448	HPFDG48	542227	458	283 - 426	1395		Xp11.23-p11.22	300008, 300008, 300008, 300008, 300047, 300071, 300110, 300600, 301000, 301000, 301830, 309470, 309500, 309610, 309850, 311050, 312060
449	HPIAQ68	833082	459	20 - 208	1396			
450	HPIBO15	1310868	460	128 - 763	1397	Asp-40 to Glu-50, Ser-59 to Gly-69, Leu-109 to Lys-117, Tyr-130 to Leu-137, Leu-140 to Glu-160, Gly-202 to Tyr-208.		
	HPIBO15	590741	839	127 - 648	1776	Asp-40 to Glu-50, Ser-59 to Gly-69, Ala-98 to His-105, Arg-108 to Glu-114, Pro-124 to Ser-138, Ala-143 to Gly-154.		
451	HPICB53	1042309	461	170 - 325	1398		11,12	
	HPICB53	867835	840	163 - 318	1777			
452	HPJBK12	1011467	462	126 - 272	1399		4,8	
	HPJBK12	525375	841	119 - 265	1778			
	HPJBK12	796925	842	969 - 1001	1779			
	HPJBK12	699587	843	509 - 523	1780			
453	HPJCL22	1146674	463	86 - 325	1400	Arg-50 to Leu-56.	10,2	
	HPJCL22	1034817	844	136 - 378	1781	Arg-50 to Leu-56.		
	HPJCL22	1046434	845	232 - 666	1782	Thr-43 to Asp-59, Gly-88 to Gly-94,		

						Lys-105 to Ile-115.		
454	HPJCW04	589969	464	44 - 217	1401	Leu-26 to Ser-33.		
455	HPJEX20	1352420	465	23 - 544	1402	Gln-102 to Ser-108.	1	
	HPJEX20	1184442	846	31 - 375	1783			
	HPJEX20	975252	847	170 - 694	1784	Gln-102 to Ser-108.		
	HPJEX20	894744	848	84 - 767	1785			
	HPJEX20	898220	849	565 - 816	1786	Ser-23 to Thr-32, Ala-37 to Gln-44.		
456	HPMAI22	635491	466	483 - 662	1403			
457	HPMFP40	638165	467	37 - 171	1404		Xq28	300031, 300044, 300048, 300049, 300049, 300055, 300100, 300100, 300104, 300126, 301201, 301590, 302060, 302060, 302060, 302060, 302960, 303700, 303800, 303900, 304800, 305900, 305900, 305900, 306700, 306995, 308310, 308840, 308840, 308840, 309200, 309548, 309620, 309900, 310300, 310400, 310460, 310460, 311300, 311510, 314300, 314400
458	HPMGJ45	798102	468	119 - 265	1405			
459	HPQAC69	396804	469	82 - 195	1406		13q22	131244, 256731, 602085
460	HPRBC80	829136	470	94 - 1254	1407	Asp-6 to His-13, Asp-114 to Gly-131, Thr-166 to Gln-181, Val-210 to Thr-216, Pro-222 to Tyr-227.	2p21	120435, 120435, 126600, 135300, 136435, 152790, 152790, 157170, 182601, 601771
	HPRBC80	720095	850	404 - 613	1787			
461	HPRBF19	753282	471	63 - 635	1408	Phe-4 to Ala-10, Gln-142 to Pro-150, Glu-156 to Glu-161, Leu-177 to Ala-190.	16p13.11	145505, 186580, 278760
462	HPTTG19	635033	472	215 - 364	1409			
463	HPTVX32	634353	473	318 - 560	1410	Ser-3 to Lys-8.	19p13.11	143890, 151440, 600276, 601843
464	HPVAB94	526749	474	80 - 214	1411			
465	HPWAY46	1001560	475	468 - 626	1412		4	
	HPWAY46	876469	851	474 - 632	1788			

	HPWAY46	789574	852	178 - 435	1789			
466	HPWDJ42	722246	476	149 - 310	1413	Pro-21 to Pro-26, Arg-31 to Asn-37.		
	HPWDJ42	709662	853	149 - 313	1790	Pro-21 to Pro-26, Arg-31 to Asn-37.		
	HPWDJ42	692213	854	161 - 301	1791	Pro-21 to Pro-26, Arg-31 to Lys-37.		
467	HPZAB47	585702	477	34 - 177	1414	Lys-32 to Lys-38.		
468	HRAAB15	658717	478	35 - 514	1415	Asn-49 to Gln-54, Glu-150 to Asp-159.		
469	HRABA80	882176	479	144 - 452	1416	Ala-30 to Gly-36, Asp-45 to Trp-50, Lys-65 to Cys-71, Pro-80 to Cys-87.		
	HRABA80	588460	855	130 - 438	1792	Ala-30 to Gly-36, Asp-45 to Trp-50, Lys-65 to Cys-71, Pro-80 to Cys-87.		
470	HRACD15	871221	480	252 - 410	1417			
	HRACD15	706332	856	252 - 413	1793			
471	HRACD80	1309774	481	196 - 1923	1418	Thr-29 to Ser-37, His-89 to Gly-94, Asn-124 to Gln-130, Ala-163 to Val-168, Cys-196 to Arg-201, Gln-244 to Gln-264, His-288 to Tyr-294, Leu-314 to Gln-319, Ala-392 to Ser-399, Pro-412 to Asp-419, Ala-452 to Pro-460, Arg-466 to Thr-473.		

	HRACD80	882163	857	191 - 1915	1794	Lys-32 to Ser-37, His-89 to Gly-94, Asn-124 to Gln-130, Ala-163 to Val-168, Cys-196 to Arg-201, Gln-244 to Gln-264, His-288 to Tyr-294, Leu-314 to Gln-319, Ala-392 to Ser-399, Pro-412 to Asp-419, Ala-452 to Pro-460, Arg-466 to Thr-473.		
	HRACD80	740762	858	191 - 631	1795	Gly-31 to Thr-38, Arg-84 to His-89, Pro-122 to Pro-129.		
472	HRDDV47	637650	482	146 - 976	1419	Thr-29 to Pro-34.		
473	HRDFD27	567004	483	82 - 333	1420			
474	HROAJ03	567005	484	19 - 597	1421	Lys-41 to Arg-47, Asp-125 to Lys-139, Ser-177 to Glu-185.		
475	HRTAE58	519326	485	244 - 420	1422	Phe-48 to Cys-54.		
476	HSATR82	531973	486	74 - 199	1423			
477	HSAUK57	772554	487	322 - 570	1424	Leu-40 to Arg-48, Thr-62 to Thr-67.	5	
	HSAUK57	490870	859	327 - 473	1796			
478	HSAUL82	490879	488	140 - 289	1425	Thr-25 to Asp-38.		
479	HSAVH65	545459	489	104 - 406	1426	Ser-58 to His-64.		
480	HSAVK10	561435	490	131 - 253	1427			
481	HSAWD74	460527	491	142 - 570	1428	Leu-51 to Gly-77, Ile-117 to Pro-125.	7	
	HSAWD74	371416	860	122 - 256	1797	Thr-25 to Cys-30, Pro-35 to Arg-42.		

482	HSAWZ41	580872	492	98 - 271	1429	Ile-46 to Tyr-56.		
483	HSAXA83	545051	493	92 - 316	1430		1p13.1	102770, 201810, 601414, 601691, 601691, 601691, 601691, 601718, 602094
484	HSAYB43	604143	494	89 - 226	1431	Asp-29 to Tyr-34.		
485	HSAYM40	462797	495	190 - 381	1432			
486	HSDAJ46	692358	496	299 - 1087	1433	Tyr-24 to His-32, Pro-38 to Ala-44, Pro-66 to Glu-75, His-111 to Gly-116, Tyr-139 to Ser-146, Thr-176 to Ser-181, Lys-239 to Lys-249.		
487	HSDEK49	1352253	497	60 - 1256	1434	Val-29 to Val-37, Asp-71 to His-76, Gln-78 to Gly-84, Met-105 to His-110, Trp-117 to Asn-123, Lys-179 to Pro-187, Gly-218 to Asp-224, Leu-237 to Ala-243, Thr-256 to Asp-268, Ser-275 to Lys-280, Arg-308 to Glu-314, Glu-326 to Glu-332, Cys-343 to Asp-359.	Xq12-q13.3	300011, 300011, 300011, 300127, 305450, 309605, 313700, 313700, 313700, 313700, 313700, 314580
	HSDEK49	625998	861	126 - 1043	1798	Val-29 to Val-37, Asp-71 to His-76, Gln-78 to Gly-84, Met-105 to His-110, Trp-117 to Gly-122, Gln-136 to Lys-141, Leu-143 to Ala-149, Thr-162 to Asp-174,		

						Ser-181 to Lys-186, Arg-214 to Glu-220, Glu-232 to Glu-238, Cys-249 to Asp-265.		
488	HSDER95	664502	498	72 - 287	1435	Pro-42 to Lys-49, Lys-56 to Lys-71.		
489	HSDEZ20	1352287	499	58 - 423	1436	Phe-8 to Ser-13, Val-81 to Arg-87, Asp-98 to Pro-104.		
	HSDEZ20	704101	862	66 - 359	1799	Phe-8 to Ser-13, Ala-84 to Ser-90.		
490	HSDFW45	589974	500	118 - 330	1437			
491	HSDJA15	795252	501	247 - 705	1438	Thr-32 to Lys-40, Lys-146 to Glu-152.		
492	HSDJJ82	460602	502	79 - 237	1439	Pro-45 to Gln-52.		
493	HSDJL42	1036471	503	84 - 737	1440	His-170 to Pro-181, Ser-204 to Pro-210.	5	
	HSDJL42	904821	863	27 - 686	1800	His-172 to Pro-183, Ser-206 to Pro-212.		
	HSDJL42	905623	864	78 - 737	1801			
494	HSDJM31	491112	504	351 - 473	1441		8q21.3-q22.1	216550, 222745
495	HSDSB09	1301498	505	16 - 423	1442	Glu-33 to Glu-56, Thr-75 to Cys-81.		
	HSDSB09	463645	865	22 - 387	1802	Glu-33 to Glu-56, Thr-75 to Cys-81.		
496	HSDSE75	545057	506	160 - 705	1443	Tyr-15 to Leu-59, Ala-68 to Asp-85, Pro-87 to Asn-96, His-120 to Lys-129, Ser-153 to Gln-170.		
497	HSDZR57	651375	507	27 - 212	1444	Glu-50 to Glu-61.	19q13.33	134790, 600040

498	HSHAX21	612823	508	177 - 392	1445	Leu-23 to Met-30.	4	
499	HSIAS17	1352191	509	431 - 1201	1446	Ser-95 to Glu-102, Ala-110 to Tyr-115, Gln-176 to Ile-184, Gln-192 to Asp-203, Ala-210 to Ile-220, Lys-229 to Arg-240, Leu-242 to Val-251.		
	HSIAS17	514183	866	108 - 764	1803	Met-99 to Ala-114.		
500	HSICV24	1352248	510	117 - 884	1447	Asn-22 to Ile-29, Glu-41 to Lys-50, Arg-58 to Gln-73, Gln-78 to Glu-89, Val-91 to Glu-101, Gln-109 to Arg-128, Glu-133 to Thr-139, Leu-146 to Cys-156, Pro-163 to Trp-168, Tyr-174 to Glu-198, Leu-202 to Lys-213, Gln-216 to Asn-223, Leu-230 to Gly-238, Gln-241 to Trp-246.	13q13.3	600631
	HSICV24	612877	867	150 - 326	1804	Asn-22 to Ile-29, Ala-33 to Arg-51.		
501	HSIDJ81	589447	511	8 - 184	1448	Glu-37 to Gly-45.		
502	HSIDX71	1033671	512	200 - 379	1449	Pro-53 to Glu-59.		
	HSIDX71	902162	868	200 - 379	1805	Pro-53 to Glu-59.		
503	HSJBQ79	1304677	513	41 - 586	1450	Gly-16 to Arg-32, Ala-42 to Asn-50, Glu-66 to Gln-76, Arg-85 to Gly-94,	19q13.33	134790, 600040

						Thr-108 to Asp-115, Trp-121 to Gly-130, Leu-137 to His-144, Glu-155 to Lys-161, Asp-175 to Ser-180.		
	HSJBQ79	661698	869	57 - 1037	1806	Gly-16 to Arg-32, Ala-42 to Asn-50, Glu-66 to Gln-76, Arg-85 to Gly-94, Thr-108 to Asp-115, Trp-121 to Gly-130, Leu-137 to His-144, Glu-155 to Lys-161, Asp-175 to Ser-180, Glu-209 to Gly-217, Glu-232 to Glu-237, Thr-243 to Asp-261, Glu-287 to Arg-295.		
	HSJBQ79	371784	870	35 - 586	1807	Gly-16 to Arg-32, Ala-42 to Asn-50, Glu-66 to Gln-76, Arg-85 to Gly-94, Thr-108 to Asp-115, Trp-121 to Gly-130.		
504	HSKCP69	702021	514	49 - 906	1451	Pro-222 to Asn-231, Asn-238 to Gly-247, Ala-251 to Leu-264, Ala-280 to Thr-285.	2q31.1	100690, 142989, 156232, 178600, 600258
	HSKCP69	413210	871	393 - 908	1808	Pro-107 to Asn-116, Asn-123 to Gly-132, Ala-136 to Asn-150.		
505	HSKDA27	1352409	515	786 - 3635	1452	Gly-31 to Arg-36, Thr-55 to Glu-62,		

						Ser-64 to Ser-79, Arg-87 to Asp-96, Arg-103 to Ala-109, Asp-120 to Arg-126, Gly-294 to Gly-302, Ser-305 to Ala-318, Val-320 to Arg-327, Pro-344 to Thr-351, Thr-383 to Thr-399, Leu-414 to Lys-435, Thr-449 to Ala-457, Gly-461 to Asn-479, Gly-483 to Gln-498, Ser-503 to Arg-514, Lys-532 to Ala-559, Leu-563 to Ser-611, Lys-632 to Tyr-638, Asn-667 to Lys-672, Leu-701 to Met-707, Ser-745 to Lys-755, Lys-761 to Leu-768, Pro-787 to Trp-792, Lys-871 to Met-883, Pro-914 to Tyr-923, Ser-925 to Arg-939, Glu-942 to Tyr-950.		
	HSKDA27	1074734	872	127 - 1653	1809	Gly-31 to Arg-36, Thr-55 to Glu-62, Ser-64 to Ser-79, Arg-87 to Asp-96, Arg-103 to Ala-109, Asp-120 to Arg-126, Gly-294 to Gly-302,		

						Ser-305 to Ala-318, Val-320 to Arg-327, Pro-342 to Thr-351, Thr-383 to Thr-399, Leu-414 to Lys-435, Thr-449 to Ala-457, Gly-461 to Asn-479, Gly-483 to Gln-498, Asn-504 to Val-509.		
	HSKDA27	872570	873	12 - 1673	1810	Gly-27 to Arg-32, Thr-51 to Glu-58, Ser-60 to Ser-75, Arg-83 to Asp-92, Arg-99 to Ala-105, Asp-116 to Arg-122, Gly-290 to Ala-314, Val-316 to Arg-323, Pro-338 to Arg-345, Thr-358 to His-375, Arg-403 to Ser-408, Ser-420 to Ser-436, Thr-447 to Ala-455, Gly-459 to Asn-477, Gly-481 to Gln-496, Ser-501 to Arg-512, Lys-530 to Lys-554.		
506	HSKHZ81	1307105	516	64 - 807	1453	Gly-76 to Leu-83, Ala-108 to Glu-113, Ala-126 to Lys-132, Gly-145 to Leu-151, Gln-161 to Val-166, Ala-180 to Gln-185, Gly-190 to Ala-198,		

						Asn-203 to Gly-216.		
	HSKHZ81	552233	874	57 - 800	1811	Gly-76 to Leu-83, Ala-108 to Glu-113, Ala-126 to Lys-132, Gly-145 to Leu-151.		
507	HSKNB56	548077	517	484 - 741	1454	Thr-23 to Pro-29, Thr-68 to Pro-76.		
508	HSLCQ82	1352226	518	226 - 477	1455			
	HSLCQ82	589526	875	233 - 406	1812			
509	HSLJG37	1016920	519	114 - 242	1456		15	
	HSLJG37	852244	876	206 - 334	1813			
	HSLJG37	895206	877	1331 - 1351	1814			
510	HSODE04	906081	520	202 - 327	1457	Thr-24 to Leu-33.	6	
	HSODE04	906498	878	300 - 425	1815	Thr-24 to Leu-33.		
511	HSPBF70	793744	521	429 - 722	1458	Arg-54 to Leu-60, Ala-73 to Gly-78.		
512	HSQEO84	1306702	522	87 - 743	1459	Ala-19 to Val-31, Arg-38 to Gly-49, Ala-61 to Lys-66, Tyr-68 to Pro-78, Gly-116 to Ala-121, Asp-154 to Ser-162, Glu-173 to Gln-186, Phe-194 to Gly-203, Pro-207 to Val-212.	2q31.3	100690, 142989, 156232, 178600, 600258
	HSQEO84	602258	879	91 - 747	1816	Ala-19 to Val-31, Arg-38 to Gly-49, Ala-61 to Lys-66, Tyr-68 to Pro-78, Gly-116 to Ala-121, Asp-154 to Ser-162, Glu-173 to Gln-186,		

						Phe-194 to Gly-203, Pro-207 to Val-212.		
	HSQEO84	401251	880	86 - 256	1817	Ala-19 to Val-31, Arg-38 to Asp-50.		
513	HSSAJ29	630636	523	103 - 246	1460			
514	HSSDX51	566879	524	133 - 285	1461		10q22	126090, 129010, 142600, 250850, 601386, 601493
515	HSSFT08	589978	525	125 - 301	1462			
516	HSSGD52	1352343	526	344 - 2161	1463	Pro-7 to Cys-12, Lys-48 to Tyr-62, Arg-182 to His-187, Leu-189 to Glu-196, Thr-211 to Gly-226, Leu-270 to Thr-275, Gly-278 to Gly-289, Pro-444 to Asn-449, Glu-453 to Lys-461, Gly-491 to Thr-496, Ser-525 to Trp-532.	14q11.2	182600, 186880, 190195, 190195, 222700, 600243, 602279, 602279
	HSSGD52	845666	881	338 - 2155	1818	Pro-7 to Cys-12, Lys-48 to Tyr-62, Arg-182 to His-187, Leu-189 to Glu-196, Thr-211 to Gly-226, Leu-270 to Thr-275, Gly-278 to Gly-289, Pro-444 to Asn-449, Glu-453 to Lys-461, Gly-491 to Thr-496, Ser-525 to Trp-532.		
517	HSSGG82	618535	527	203 - 391	1464			
518	HSSJC35	1306937	528	62 - 949	1465	Pro-40 to Arg-50, Ser-72 to Arg-77,		

						His-82 to Leu-91, Gln-171 to Glu-189, Val-203 to Gly-222, Pro-263 to Thr-269, Ser-282 to Trp-287.		
	HSSJC35	745409	882	55 - 939	1819	Pro-40 to Arg-50, Ser-72 to Arg-77, His-82 to Leu-91, Gln-171 to Glu-189, Val-203 to Gly-222, Pro-263 to Thr-269, Ser-282 to Trp-287.		
	HSSJC35	716424	883	66 - 176	1820	Arg-32 to Leu-37.		
519	HSTBJ86	753250	529	120 - 371	1466	Pro-38 to Gly-44, Phe-56 to Thr-64.		
520	HSUBW09	413246	530	153 - 323	1467	Asp-23 to Gly-29.		
521	HSVAM10	520328	531	46 - 201	1468			
522	HSVAT68	637680	532	63 - 329	1469	Met-33 to Pro-39, Ser-74 to Trp-79.		
523	HSVBU91	596868	533	256 - 528	1470	Asp-26 to Asn-31, Ser-37 to His-49, Ala-65 to Ser-73.	7q11.23	116860, 129900, 233700, 600079
524	HSXCG83	944388	534	101 - 901	1471			
	HSXCG83	830673	884	211 - 729	1821	Phe-84 to Asn-90.		
525	HSXEQ06	1016924	535	123 - 305	1472	Ser-23 to Trp-30.	14	
	HSXEQ06	889664	885	136 - 318	1822	Ser-23 to Trp-30.		
	HSXEQ06	895602	886	1271 - 1324	1823			
526	HSXGI47	886200	536	87 - 260	1473			
527	HSYAV50	847358	537	155 - 2173	1474	Cys-28 to Pro-33, Arg-41 to Pro-52, Glu-118 to Glu-127, Tyr-130 to Arg-135,		

						Ser-224 to Arg-230, Ser-322 to His-329, Glu-388 to Ala-396, Pro-404 to Pro-411, Ser-443 to Thr-454, Val-456 to Arg-462, Asn-500 to Arg-507.		
528	HSYAV66	686437	538	186 - 395	1475		12q15-q21	181430, 217300, 600698, 600698, 600698, 600698, 600808, 602116
529	HSYAZ50	1027673	539	131 - 301	1476		2	
	HSYAZ50	852318	887	345 - 515	1824			
	HSYAZ50	902235	888	723 - 1040	1825	Arg-1 to Asn-9, Pro-24 to Ile-32, Val-95 to Cys-106.		
	HSYAZ50	882732	889	2 - 838	1826	Glu-1 to Glu-8, Pro-38 to Gly-45, Leu-53 to Gly-60, Glu-112 to Arg-117, Lys-153 to Lys-163, Trp-245 to Ala-251, Phe-259 to Gly-273.		
530	HSYAZ63	1177537	540	448 - 1749	1477	Gln-14 to Thr-21, Arg-26 to Pro-31, Leu-43 to Pro-50, Leu-81 to Asp-88, Pro-153 to Thr-158, Leu-211 to Thr-222, Asp-228 to Asn-233, Pro-273 to Glu-282.	16q22	103850, 114835, 121360, 217800, 218030
	HSYAZ63	862063	890	215 - 337	1827	Ser-22 to His-32.		
531	HSYBG37	1056317	541	47 - 964	1478	Ser-47 to Pro-57, Ser-77 to Glu-82,	16p13.3	141750, 141800, 141800, 141800, 141800, 141850, 141850, 141850, 141850, 141850, 156850, 186580, 191092, 600140,

						Thr-90 to Trp-98, Arg-124 to Lys-137, Ala-183 to Glu-192, Lys-220 to Gln-229, Asn-244 to Arg-258, Thr-271 to Asn-278, Glu-285 to Gly-297.		600273, 601313, 601785
	HSYBG37	581098	891	48 - 965	1828	Ser-47 to Pro-57, Ser-77 to Glu-82, Thr-90 to Trp-98, Arg-124 to Lys-137, Ala-183 to Glu-192, Lys-220 to Gln-229, Asn-244 to Arg-258, Thr-271 to Asn-278, Glu-285 to Gly-297.		
532	HSZAF47	1352172	542	106 - 972	1479	Gly-16 to Pro-30, Pro-42 to Gly-56, Gly-62 to Gly-77, Glu-93 to Gly-104, Glu-109 to Glu-114, Pro-121 to Gly-134, Ser-157 to Arg-162, Glu-174 to Thr-182, Ile-283 to Leu-289.	4p16-p15	225500, 600593, 602363
	HSZAF47	456551	892	107 - 490	1829	Gly-16 to Pro-30, Pro-42 to Gly-56, Gly-62 to Gly-77, Glu-93 to Gly-104, Glu-109 to Glu-114, Pro-121 to Asp-126.		
533	HT3SF53	884170	543	184 - 390	1480	Leu-44 to Thr-55.	20q13.1	256540, 600281, 600281
534	HT5GJ57	1299921	544	105 - 836	1481	Ser-29 to Thr-57,	7q11.23	116860, 129900, 233700, 600079

						Pro-74 to Lys-79, Pro-85 to Glu-107, Tyr-118 to Tyr-136, Gln-144 to Gln-152, Ala-182 to Asn-195, Arg-203 to Val-208, Leu-212 to Ser-217, Gly-222 to Val-234.		
	HT5GJ57	740767	893	122 - 694	1830	Ser-29 to Thr-57, Pro-74 to Lys-79, Pro-85 to Glu-107, Tyr-118 to Tyr-136, Gln-144 to Gln-152, Ala-182 to Glu-188.		
535	HTADW91	844835	545	59 - 1150	1482			
536	HTADX17	753289	546	92 - 520	1483	Glu-15 to Arg-23, Asn-79 to Gly-84, Ser-101 to Gly-106, Ser-111 to Asn-116.	1q23.1	107300, 131210, 136132, 145001, 173610, 601652
	HTADX17	457172	894	84 - 512	1831	Glu-15 to Arg-23, Asn-79 to Gly-84.		
537	HTAEE28	1018291	547	319 - 1167	1484	Pro-255 to Leu-264.		
	HTAEE28	882919	895	372 - 737	1832			
	HTAEE28	864120	896	124 - 771	1833			
538	HTDAF28	396835	548	38 - 301	1485	Pro-22 to Glu-33.	15q33.33-q23	118485, 151670, 231680, 272800, 272800, 272800, 276700, 600374, 601780
539	HTEAF65	866485	549	135 - 362	1486	Phe-30 to Lys-37, Pro-43 to Lys-75.		
540	HTEBI28	462221	550	43 - 246	1487	Arg-24 to Arg-41, Pro-56 to Trp-64.		
541	HTEDF80	587326	551	696 - 1076	1488	Pro-68 to Asp-73, Gln-92 to Glu-107,		

						Gln-120 to Lys-126.		
542	HTEDY42	1352193	552	19 - 717	1489	Glu-43 to Asn-49, Cys-75 to Lys-88, Glu-120 to Asp-125, Pro-182 to Ser-188, Pro-210 to Gln-216.		
	HTEDY42	519372	897	19 - 252	1834	Glu-43 to Asn-49.		
543	HTEFU65	543396	553	231 - 371	1490	Gly-35 to Gly-40.		
544	HTEGA76	381995	554	90 - 284	1491			
545	HTEGI42	908143	555	26 - 799	1492	Asp-61 to Gln-68, Gly-180 to Lys-185.		
	HTEGI42	904624	898	145 - 915	1835			
	HTEGI42	850770	899	1 - 282	1836			
	HTEGI42	847564	900	1081 - 1326	1837	Pro-1 to Arg-15.		
	HTEGI42	830165	901	670 - 849	1838			
546	HTEHR24	835894	556	84 - 572	1493	Met-1 to Thr-6, Gly-45 to Asn-61, Ala-63 to Asn-72.	6q16.1	136550, 602772
	HTEHR24	513039	902	41 - 415	1839	Met-1 to Thr-6, Gly-45 to Asn-74.		
547	HTEHU93	722254	557	188 - 616	1494	Arg-21 to Thr-29, Tyr-56 to Lys-63, Ser-93 to Ser-100, Glu-109 to Lys-116.	20pter-q11.23	
	HTEHU93	423009	903	187 - 528	1840	Arg-21 to Thr-29.		
548	HTEIP36	520468	558	22 - 198	1495	Glu-33 to Arg-45.		
549	HTEIV80	584798	559	203 - 346	1496			
550	HTEJN13	1352272	560	156 - 779	1497	Tyr-37 to Cys-49, Gly-51 to Tyr-56, Lys-88 to Trp-93, Phe-125 to Lys-140, Lys-147 to Thr-153,	1p12	600234, 602094

						Thr-175 to Asn-188, Ala-203 to Met-208.		
	HTEJN13	658744	904	163 - 639	1841	Tyr-37 to Cys-49, Gly-51 to Tyr-56, Lys-88 to Trp-93, Leu-130 to Glu-136.		
	HTEJN13	381941	905	155 - 367	1842			
551	HTELM16	834058	561	121 - 375	1498	Ser-38 to Tyr-48, Gly-67 to Trp-74, Tyr-76 to Pro-84.		
552	HTEPG70	834931	562	365 - 634	1499	Arg-71 to Ala-82.		
553	HTGAU75	597467	563	149 - 577	1500	Glu-35 to Asp-53, Met-82 to Gln-107, Val-117 to Gly-125.	3q13	146200, 190300, 258900, 600882
554	HTGEP89	410582	564	285 - 569	1501			
555	HTHBG43	919911	565	47 - 166	1502		1	
	HTHBG43	906282	906	149 - 268	1843			
556	HTHCA18	908144	566	231 - 347	1503		18	
	HTHCA18	906536	907	224 - 340	1844			
557	HTHDJ94	693652	567	66 - 944	1504	Arg-31 to Gln-37, Val-88 to Gly-95, Pro-110 to Gln-120, Gln-151 to Ala-163, Asp-231 to Trp-237, Pro-277 to Lys-287.	1p36.13-q41	115665, 120550, 120570, 120575, 130500, 133200, 167410, 172430, 600975
558	HTHDS25	772559	568	70 - 339	1505			
559	HTJMA95	706618	569	527 - 1069	1506	Gly-85 to Lys-94, Gln-125 to Cys-131, Glu-151 to Gly-159.	15q25	231680, 276700
560	HTJML75	1040047	570	30 - 2495	1507	Gly-10 to Gly-17, Pro-49 to Glu-54, Gln-97 to Asp-103,	11,13	

						Ser-120 to Tyr-125, Gln-186 to Leu-199, Glu-202 to Tyr-213, Ser-225 to Cys-233, Thr-269 to Ser-284, Gly-308 to Val-328, Asp-350 to Ala-357, Arg-367 to Gln-372, Arg-429 to Thr-434, Gly-444 to Thr-449, Thr-466 to Val-481, Val-485 to Ser-499, Ser-534 to Arg-540, Met-564 to Ile-570, Asn-573 to Phe-589, Pro-603 to Val-611, Arg-706 to Gly-711, Glu-717 to Asp-725, Ser-732 to Ser-738, Gln-743 to Glu-749, Leu-799 to Asp-805.		
	HTJML75	873355	908	335 - 529	1845	Gly-49 to His-56.		
561	HTLAA40	519329	571	33 - 248	1508	Ser-36 to Trp-41, Pro-53 to Arg-58.	16q22.1	103850, 114835, 116800, 140100, 140100, 192090, 192090, 192090, 192090, 245900, 245900, 276600, 600223
562	HTLBE23	902187	572	129 - 266	1509	Gly-35 to Cys-41.		
	HTLBE23	885431	909	205 - 222	1846			
563	HTLEP53	634852	573	73 - 378	1510	Ser-33 to Lys-43.		
564	HTLFE42	460583	574	116 - 349	1511	Ser-22 to Thr-32, Pro-37 to Ser-42.		
565	HTLFE57	1352310	575	124 - 687	1512	Asp-32 to Glu-37, Ala-41 to Phe-46, His-171 to Ala-176.	18q23	250790

	HTLFE57	791409	910	189 - 698	1847	Ala-23 to His-34, His-153 to Ala-158.		
	HTLFE57	608317	911	110 - 619	1848	Ala-23 to His-34, His-153 to Ala-158.		
566	HTLGE31	1035130	576	51 - 311	1513	Val-31 to Gly-49.	9q34.12	
567	HTLHY14	838460	577	36 - 776	1514	His-22 to Tyr-32, Trp-56 to Lys-62, Ile-72 to Leu-77, Ile-126 to Gly-136, Tyr-187 to Ala-193, Ile-206 to Thr-214.	19p13.3	108725, 120700, 133171, 136836, 145981, 147141, 164953, 188070, 600957, 601238, 601846, 602216, 602477
568	HTLIT32	833906	578	288 - 1028	1515	Ser-83 to Tyr-88, Ala-129 to Ser-134, Ser-227 to Ala-233.		
569	HTLIV19	1046341	579	110 - 364	1516		3	
570	HTNBO91	519313	580	7 - 129	1517			
571	HTOAK16	560744	581	87 - 419	1518	Asp-27 to Ser-36.		
572	HTODK73	526021	582	43 - 222	1519	Gln-27 to Arg-36.	20q13.33	
573	HTODO72	532001	583	183 - 257	1520			
574	HTOGR42	838160	584	14 - 181	1521	Pro-35 to Ser-40.		
	HTOGR42	570751	912	13 - 195	1849			
575	HTOHM15	1028538	585	30 - 215	1522			
	HTOHM15	848199	913	23 - 208	1850			
	HTOHM15	848200	914	71 - 1036	1851	Arg-1 to Gly-7, Phe-11 to Arg-23.		
	HTOHM15	848196	915	1555 - 1596	1852			
576	HTOHT18	628300	586	433 - 594	1523	Leu-39 to Ser-47.		
577	HTOIY21	665745	587	91 - 783	1524	Pro-22 to Pro-28, Pro-41 to His-48, Pro-79 to His-86, Pro-126 to Phe-134, Ser-137 to Met-143,		

						Gln-176 to Ser-186.		
578	HTOIZ02	826312	588	243 - 395	1525	Arg-20 to Val-29.	17	
	HTOIZ02	847904	916	2 - 721	1853	Gly-1 to Glu-11, His-16 to Pro-24, Gly-31 to Arg-37, Asp-43 to Leu-49.		
579	HTOJA73	797108	589	100 - 225	1526			
580	HTOJK60	545067	590	217 - 315	1527			
581	HTPBW79	1317835	591	178 - 1263	1528	Leu-21 to Ala-30, Ser-38 to Asp-47, Pro-87 to Asp-94, Leu-197 to Thr-204, Pro-256 to Ser-262, Thr-277 to Arg-282, Thr-293 to Val-302, Lys-315 to Arg-321.	11	
	HTPBW79	581435	917	302 - 1390	1854	Leu-21 to Ala-30, Ser-38 to Asp-47, Pro-87 to Asp-94, Leu-197 to Thr-204, Pro-256 to Ser-262, Thr-277 to Arg-282, Thr-293 to Trp-303.		
	HTPBW79	396459	918	92 - 1336	1855	Leu-21 to Ala-30, Ser-38 to Asp-47, Pro-87 to Asp-94, Leu-197 to Arg-202, Pro-287 to Ser-293, Thr-308 to Arg-313, Thr-324 to Trp-334.		
582	HTSEW17	460579	592	170 - 283	1529			
583	HTTDB46	812763	593	55 - 1011	1530	Tyr-67 to Pro-74,		

						Ser-117 to Gln-123, Pro-161 to Met-185, Gly-224 to His-242, Thr-299 to Trp-307.		
	HTTDB46	909573	919	153 - 1535	1856	Tyr-67 to Pro-74, Ser-117 to Gln-123, Pro-161 to Met-185.		
584	HTWCT03	429618	594	334 - 639	1531	Thr-54 to Ile-59.		
585	HTWDF76	714344	595	316 - 570	1532		14q11.2-q12	160760, 160760, 182600, 186880, 190195, 190195, 222700, 600243, 600792, 601369, 602086, 602279, 602279
586	HTXAJ12	1310814	596	91 - 426	1533	Lys-99 to Arg-107.		
	HTXAJ12	567434	920	91 - 426	1857	Lys-99 to Arg-107.		
587	HTXCV12	1352213	597	175 - 480	1534	Gln-29 to Gly-38, Lys-57 to Asp-62.		
	HTXCV12	567006	921	183 - 458	1858	Gln-29 to Gly-38, Lys-57 to Asp-62.		
588	HTXDW56	695765	598	217 - 822	1535	Glu-24 to Tyr-35, Arg-83 to Thr-92, Pro-148 to Gly-154.	1p36.13-q41	115665, 120550, 120570, 120575, 130500, 133200, 167410, 172430, 600975
589	HTXFL30	620001	599	30 - 338	1536	Met-1 to Gly-6, Arg-11 to Gly-21.	3	
590	HTXKF95	891275	600	421 - 657	1537	Met-1 to Pro-6, Gly-73 to Thr-78.		
	HTXKF95	834438	922	330 - 566	1859	Met-1 to Pro-6, Gly-73 to Thr-78.		
591	HTXKP61	824083	601	169 - 297	1538		1p34	130500, 133200, 138140, 168360, 171760, 171760, 176100, 176100, 178300, 230000, 255800
592	HUDBZ89	1352211	602	1085 - 1303	1539	Pro-24 to Pro-37.	20q11.23	
	HUDBZ89	562791	923	197 - 361	1860	Pro-24 to Pro-37.		
593	HUFBY15	1352349	603	49 - 525	1540	Ser-44 to Leu-51, Arg-81 to Cys-94, Thr-132 to Tyr-140,		

						Arg-143 to Ile-154.		
	HUFBY15	846380	924	74 - 508	1861	Ser-44 to Leu-51, Arg-81 to Cys-94, Thr-118 to Tyr-126, Arg-129 to Ile-140.		
594	HUFEF62	645101	604	190 - 393	1541			
	HUFEF62	630097	925	182 - 388	1862			
595	HUKAH51	1352424	605	286 - 738	1542	Trp-35 to Trp-45, Pro-52 to Asp-57, Thr-73 to Arg-82, Pro-105 to Leu-112, Pro-115 to Arg-127, Pro-140 to Gln-151.		
	HUKAH51	1300737	926	144 - 572	1863	Trp-35 to Trp-45, Pro-52 to Asp-57, Thr-73 to Thr-80, Pro-96 to Leu-103, Pro-106 to Arg-118, Pro-131 to Gln-142.		
	HUKAH51	603538	927	55 - 414	1864	Trp-35 to Trp-45, Pro-52 to Asp-57, Thr-73 to Thr-80, Pro-96 to Leu-103, Pro-106 to Leu-119.		
596	HUKBT29	694590	606	74 - 1594	1543	Thr-35 to Lys-43, Pro-59 to Arg-64.	1q42	106150, 106150, 145260, 173870, 173870, 600759, 600996, 601744, 601975
597	HUSIG64	566762	607	9 - 1010	1544	Pro-51 to Arg-56, Lys-89 to Gln-94, Glu-144 to Gln-151, Gln-178 to Gln-183, Leu-224 to Gln-229, Tyr-284 to Pro-298,	4q21.1	173910, 252500, 252500

						Lys-324 to Lys-334.		
598	HUSXS50	1352367	608	280 - 1845	1545	Gly-39 to Thr-44, Asn-51 to Thr-62, Pro-88 to Pro-104, Ser-109 to Phe-124, Ala-190 to Asn-196, Gln-388 to Glu-394, Gln-402 to Gly-409, Asn-427 to Leu-439, Glu-447 to Thr-453, Pro-468 to Gln-474, Pro-476 to Phe-482, Arg-498 to Arg-504, Arg-508 to Arg-518.		
	HUSXS50	883176	928	281 - 1666	1865	Gly-39 to Thr-44, Asn-51 to Thr-62, Pro-88 to Pro-104, Ser-109 to Ser-114.		
	HUSXS50	655372	929	179 - 703	1866	Gln-54 to Gly-61, Asn-79 to Leu-91, Glu-99 to Thr-105, Pro-120 to Gln-126, Pro-128 to Phe-134, Arg-150 to Arg-156, Arg-160 to Arg-170.		
599	HVARW53	1194812	609	111 - 668	1546	Arg-128 to Tyr-134.	2	
	HVARW53	1044491	930	96 - 590	1867			
600	HWAAD63	838626	610	322 - 825	1547	Pro-53 to Trp-61.		
	HWAAD63	833089	931	322 - 483	1868			
	HWAAD63	793875	932	312 - 818	1869			
601	HWABA81	580889	611	57 - 203	1548	Pro-30 to Asn-36.		
602	HWABY10	768334	612	263 - 766	1549	Pro-67 to Ser-73.	6	

603	HWADJ89	799506	613	581 - 709	1550		1p36.31-p36.11	120550, 120570, 120575, 130500, 133200, 600975
604	HWBAO62	838164	614	52 - 687	1551	Ile-40 to Glu-45, Cys-63 to Val-69, Glu-83 to Asn-94, Pro-107 to Cys-115, Phe-137 to Ser-143, Ser-159 to Thr-167, Glu-200 to Tyr-210.		
	HWBAO62	625914	933	81 - 386	1870	Ile-40 to Glu-45, Cys-63 to Val-69, Glu-83 to Phe-95.		
605	HWBAR88	836469	615	156 - 383	1552		6q24.3	600320
606	HWBCB89	1093347	616	37 - 600	1553	Gln-20 to Phe-25, Gly-58 to Ala-66, Gln-69 to Leu-74, Asn-87 to Ile-100, Thr-135 to Trp-142.	1q24-q41	107300, 131210, 136132, 145001, 145260, 173610, 276901, 600332, 600759, 601518, 601652, 601744, 601975
	HWBCB89	886210	934	35 - 598	1871	Gln-20 to Phe-25, Gly-58 to Ala-66, Gln-69 to Leu-74, Asn-87 to Ile-100, Thr-135 to Trp-142.		
607	HWBCP79	846382	617	243 - 560	1554	Trp-47 to Thr-54, Ser-68 to Asn-73, Ser-86 to Gly-92.		
	HWBCP79	646977	935	233 - 550	1872	Trp-47 to Thr-54.		
608	HWBDP28	1352265	618	1342 - 1542	1555	Ser-25 to Phe-31.	8p21.3	602629
	HWBDP28	638536	936	132 - 314	1873	Ser-25 to Phe-31, Lys-55 to Arg-61.		
609	HWBFE57	907063	619	227 - 1132	1556	Phe-8 to Pro-15, Glu-43 to Leu-54,		

						Thr-79 to Arg-86, Arg-129 to Leu-142, Gln-201 to Gly-208, Ser-249 to Gln-254.		
	HWBFE57	907067	937	3300 - 3413	1874			
	HWBFE57	876136	938	622 - 672	1875			
610	HWDAC39	1310817	620	96 - 428	1557	Pro-34 to Tyr-43, Gln-73 to Trp-88, Pro-98 to Thr-103.		
	HWDAC39	634781	939	85 - 438	1876	Pro-34 to Tyr-43, Gln-73 to Cys-86, Pro-98 to Leu-103.		
611	HWDAH38	1028519	621	255 - 377	1558			
	HWDAH38	889281	940	319 - 441	1877			
612	HWHGP71	995431	622	389 - 1021	1559	His-56 to Val-62, Gly-105 to His-113, Cys-141 to Trp-147, His-149 to Arg-155, Glu-159 to Pro-172.		
	HWHGP71	839250	941	394 - 627	1878	Pro-49 to Ser-54, Thr-68 to Thr-77.		
613	HWHGQ49	1352257	623	511 - 780	1560	Pro-26 to Asn-35.		
	HWHGQ49	636080	942	306 - 758	1879	Thr-59 to Gly-70, Tyr-132 to Glu-150.		
614	HWHGU54	695695	624	145 - 1389	1561	Phe-25 to Tyr-30, Gln-37 to Arg-42, Lys-106 to Leu-112, Leu-123 to Leu-130, Gln-142 to Phe-150, Gln-183 to Lys-188, Asp-219 to Glu-226, Lys-359 to Glu-366.		

615	HWHGZ51	886212	625	33 - 1073	1562	Lys-39 to Cys-44, Pro-87 to Gly-93, Gln-107 to Ala-115, Glu-130 to Val-138, Glu-149 to Ser-155, Asn-163 to Tyr-169, Gln-217 to Phe-231, Pro-265 to Pro-273, Pro-275 to Val-284, Ala-288 to Arg-295, Gln-304 to Gly-325.	19q13.32	134790, 152780, 152780, 600040
616	HWHHL34	805642	626	131 - 694	1563	Pro-16 to Phe-21, Pro-24 to Arg-35, Arg-92 to Pro-98, Asn-143 to Lys-151, Leu-169 to Ile-176.		
	HWHHL34	801943	943	209 - 517	1880	Arg-40 to Pro-46.		
	HWHHL34	341560	944	101 - 664	1881	Pro-16 to Phe-21, Pro-24 to Arg-35, Arg-92 to Pro-98, Asn-143 to Lys-151, Leu-169 to Ile-176.		
617	HWLEV32	1032602	627	39 - 176	1564			
	HWLEV32	873296	945	29 - 166	1882			
	HWLEV32	881710	946	3 - 410	1883			
	HWLEV32	846351	947	1 - 423	1884	His-7 to Gly-15, Pro-89 to Arg-95, Pro-103 to His-109.		
618	HWLIH65	793713	628	129 - 626	1565			
619	HWTBK81	460568	629	139 - 606	1566	Tyr-59 to Gln-68, His-84 to Leu-90, Ser-105 to Asn-110,		

						Leu-112 to Pro-118.		
620	HYAAJ71	826754	630	190 - 378	1567	Gly-31 to Thr-51.		

Table 1B.2

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	HAGAN21	902026	635	
	HAGAN21	902025	636	
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48	HBGNU56	1352412	58	AR277: 98, AR283: 83, AR240: 58, AR316: 54, AR282: 54, AR313: 54, AR219: 53, AR218: 52, AR096: 50, AR089: 47, AR104: 42, AR299: 39, AR039: 38, AR300: 36, AR055: 35, AR185: 35, AR060: 29 H0617: 7, S0114: 5, H0486: 5, H0069: 5, S0344: 5, L0794: 5, H0436: 5, L0748: 5, H0341: 4, H0255: 4, L0744: 4, S0436: 4, H0295: 3, H0294: 3, T0049: 3, H0661: 3, S0356: 3, S0476: 3, H0581: 3, H0271: 3, H0038: 3, H0087: 3, H0529: 3, L0364: 3, L0766: 3, S0126: 3, L0747: 3, L0749: 3, H0423: 3, H0740: 2, H0657: 2, S0376: 2, H0497: 2, H0635: 2, H0616: 2, S0440: 2, S0144: 2, S0142: 2, L0771: 2, L0378: 2, L0806: 2, L0518: 2, H0658: 2, S0044: 2, S3014: 2, S0027: 2, L0754: 2, L0777: 2, L0731: 2, H0445: 2, L0588: 2, L0599: 2, S0424: 2, L2852: 2, H0556: 1, T0002: 1, S0040: 1, H0717: 1, L2865: 1, H0656: 1, L2919: 1, H0381: 1, H0402: 1, H0305: 1, S0360: 1, H0580: 1, H0722: 1, H0728: 1, S0046: 1, H0747: 1, S0278: 1, H0549: 1, H0586: 1, H0333: 1, T0060: 1, L0021: 1, H0575: 1, T0048: 1, H0318: 1, H0421: 1, H0263: 1, H0597: 1, H0530: 1, H0545: 1, H0041: 1, S0388: 1, H0266: 1, S0334: 1, H0688: 1, L0483: 1, H0424: 1, H0644: 1, H0628: 1, H0182: 1, H0316: 1, H0090: 1, H0591: 1, H0063: 1, H0551: 1, H0264: 1, H0412: 1, H0100: 1, H0280: 1, S0426: 1, H0743: 1, L0369: 1, L0520: 1, L4497: 1, L0770: 1, L0769: 1, L3904: 1, L0761: 1, L0772: 1, L0800: 1, L0662: 1, L5569: 1, L0381: 1, L0775: 1, L0805: 1, L0654: 1, L0776: 1, L0655: 1, L0657: 1, L0656: 1, L0382: 1, L0809: 1, L0543: 1, L0791: 1, L0666: 1, L0664: 1, H0697: 1, H0699: 1, H0689: 1, H0690: 1, H0660: 1,

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	HBGNU56	1050255	648	
49	HBHAD12	420036	59	AR253: 7, AR161: 5, AR162: 5, AR197: 5, AR163: 5, AR193: 5, AR207: 5, AR176: 5, AR271: 4, AR236: 4, AR229: 4, AR264: 4, AR053: 4, AR204: 4, AR178: 4, AR309: 4, AR235: 4, AR225: 3, AR201: 3, AR242: 3, AR182: 3, AR060: 3, AR165: 3, AR228: 3, AR169: 3, AR283: 3, AR215: 3, AR275: 3, AR164: 3, AR239: 3, AR217: 3, AR089: 3, AR166: 3, AR233: 3, AR266: 3, AR171: 3, AR247: 3, AR061: 3, AR198: 3, AR224: 3, AR269: 3, AR268: 3, AR237: 2, AR223: 2, AR289: 2, AR168: 2, AR238: 2, AR295: 2, AR222: 2, AR270: 2, AR226: 2, AR240: 2, AR205: 2, AR230: 2, AR312: 2, AR231: 2, AR267: 2, AR285: 2, AR311: 2, AR294: 2, AR316: 2, AR293: 2, AR173: 2, AR299: 2, AR274: 2, AR246: 2, AR232: 2, AR183: 2, AR055: 2, AR214: 2, AR282: 2, AR175: 2, AR179: 2, AR227: 2, AR185: 2, AR272: 2, AR288: 2, AR290: 2, AR286: 2, AR096: 1, AR291: 1, AR296: 1, AR262: 1, AR257: 1, AR172: 1, AR177: 1, AR033: 1, AR234: 1, AR277: 1, AR313: 1, AR287: 1, AR255: 1, AR308: 1, AR256: 1, AR181: 1, AR252: 1 S0136: 78, S0029: 1 and H0561: 1.
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	HBJNC59	902207	654	
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	HBOEG11	1049830	656	
62	HBOEG69	793786	72	AR282: 73, AR253: 4, AR221: 3, AR235: 3, AR216: 3, AR171: 2, AR180: 2, AR277: 2, AR316: 2, AR213: 2, AR205: 2, AR272: 2, AR271: 2, AR168: 2, AR289: 1, AR283: 1, AR240: 1, AR181: 1, AR309: 1, AR257: 1, AR055: 1, AR176: 1, AR173: 1, AR295: 1, AR195: 1, AR183: 1, AR224: 1 L0771: 4, H0556: 3, S0007: 3, L0766: 3, L0493: 3, L0748: 3, H0265: 2, S0418: 2, H0271: 2, H0422: 2, S0402: 1, H0657: 1, H0656: 1, H0580: 1, L0463: 1, H0592: 1, H0427: 1, H0156: 1, H0390: 1, H0581: 1, H0194: 1, H0596: 1, H0373: 1, H0687: 1, H0615: 1, S0364: 1, H0413: 1, H0649: 1, S0422: 1, L0457: 1, L0502: 1, L0763: 1, L0776: 1, S0428: 1, H0658: 1, H0670: 1, S0330: 1, L0602: 1, H0696: 1, H0436: 1, L0754: 1, L0750: 1, L0780: 1 and S0424: 1.
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	HCEWE17	460407	661	
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91	HCUIM65	550208	101	AR223: 4, AR215: 3, AR268: 3, AR270: 3, AR250: 3, AR161: 3, AR246: 3, AR162: 3, AR166: 2, AR171: 2, AR254: 2, AR217: 2, AR213: 2, AR177: 2, AR089: 2, AR243: 2, AR290: 2, AR257: 2, AR269: 2, AR288: 1, AR313: 1, AR179: 1, AR205: 1, AR309: 1, AR165: 1, AR163: 1, AR170: 1, AR261: 1, AR225: 1, AR195: 1, AR240: 1, AR181: 1, AR238: 1, AR193: 1, AR299: 1 L0789: 4, L0809: 2, L0759: 2, L0596: 2, H0306: 1, H0402: 1, H0580: 1, H0550: 1, H0370: 1, H0404: 1, H0559: 1, H0486: 1, H0031: 1, H0674: 1, H0135: 1, H0100: 1, L0800: 1, L0794: 1, L0804: 1, L0805: 1, L0515: 1, L0783: 1, H0672: 1, L0777: 1, H0444: 1 and H0352: 1.
92	HCWEB58	1352416	102	AR171: 4, AR309: 3, AR252: 3, AR215: 3, AR266: 3, AR235: 2, AR310: 2, AR251: 2, AR221: 2, AR169: 2, AR224: 2, AR263: 2, AR274: 2, AR217: 2, AR222: 2, AR297: 2, AR282: 2, AR195: 1, AR192: 1, AR261: 1, AR178: 1, AR257: 1, AR277: 1, AR172: 1, AR196: 1, AR161: 1, AR162: 1, AR183: 1, AR271: 1, AR270: 1, AR198: 1, AR272: 1, AR216: 1, AR253: 1, AR194: 1 H0622: 8, L0794: 7, L0747: 7, H0024: 6, S0126: 6, H0539: 6, S0028: 6, L0759: 6, H0545: 5, H0123: 4, L0809: 4, L0748: 4, L0439: 4, H0170: 3, H0046: 3, H0620: 3, H0252: 3, H0039: 3, L0564: 3, L0769: 3, H0547: 3, L0743: 3, L0755: 3, L0599: 3, H0208: 2, H0013: 2, H0251: 2, H0597: 2, L0471: 2, H0628: 2, H0551: 2, L0804: 2, L0542: 2, L0787: 2, H0144: 2, H0519: 2, H0651: 2, H0521: 2, L0744: 2, L0750: 2, L0731: 2, L0593: 2, L0595: 2, H0171: 1, S0342: 1, S0212: 1, H0255: 1, H0664: 1, L3421: 1, H0177: 1, H0305: 1, S0420: 1, S0358: 1, S0360: 1, L3646: 1, H0645: 1, L0717: 1, H0550: 1, H0438: 1, T0112: 1, H0427: 1, L0021: 1, H0575: 1, H0327: 1, H0546: 1, H0041: 1, H0050: 1, H0011: 1, H0292: 1, H0032: 1, H0116: 1, S0352: 1, H0646: 1, S0142: 1, L0631: 1, L0770: 1, L0637: 1, L0772: 1, L0800: 1, L0773: 1, L0648: 1, L0521: 1, L0662: 1, L0649: 1, L0803: 1, L0775: 1, L0375: 1, L0805: 1, L0659: 1, L0783: 1, L0666: 1, L0565: 1, H0726: 1, L2670: 1, L2686: 1, H0520: 1, H0684: 1, H0672: 1, H0522: 1, S0044: 1, S0032: 1, L0751: 1, L0749: 1, H0445: 1, S0434: 1, L0605: 1, H0653: 1, S0276: 1, S0196: 1 and H0352: 1.
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93	HCWGU37	1042325	103	AR165: 7, AR164: 6, AR166: 6, AR313: 6, AR161: 5, AR162: 5, AR163: 5, AR089: 5, AR263: 5, AR039: 5, AR252: 4, AR173: 4, AR275: 4, AR178: 3, AR185: 3, AR212: 3, AR240: 3, AR268: 3, AR300: 3, AR193: 3, AR223: 3, AR196: 3, AR096: 3, AR247: 3, AR192: 3, AR262: 3, AR179: 3, AR234: 3, AR195: 3, AR053: 3, AR312: 3, AR229: 3, AR104: 3, AR222: 3, AR282: 3, AR060: 3, AR297: 3, AR174: 3, AR213: 3, AR269: 2, AR257: 2, AR285: 2, AR308: 2, AR175: 2, AR291: 2, AR261: 2, AR277: 2, AR191: 2, AR218: 2, AR311: 2, AR255: 2, AR272: 2, AR258: 2, AR316: 2, AR182: 2, AR201: 2, AR207: 2, AR237: 2, AR203: 2, AR286: 2, AR246: 2, AR233: 2, AR231: 2, AR296: 2, AR290: 2, AR236: 2, AR264: 2, AR199: 2, AR188: 2, AR288: 1, AR293: 1, AR295: 1, AR299: 1, AR205: 1, AR181: 1, AR287: 1, AR214: 1, AR294: 1, AR232: 1, AR238: 1, AR033: 1, AR228: 1, AR226: 1, AR267: 1, AR219: 1, AR239: 1, AR211: 1 H0589: 60,

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94	HCWKC15	553621	104	AR313: 9, AR164: 8, AR165: 8, AR166: 8, AR163: 7, AR161: 7, AR162: 7, AR089: 6, AR039: 5, AR173: 5, AR096: 5, AR180: 5, AR192: 4, AR263: 4, AR299: 4, AR282: 4, AR242: 4, AR053: 4, AR178: 4, AR175: 4, AR247: 4, AR269: 4, AR296: 4, AR257: 3, AR212: 3, AR174: 3, AR240: 3, AR262: 3, AR196: 3, AR274: 3, AR312: 3, AR234: 3, AR229: 3, AR199: 3, AR243: 3, AR264: 3, AR185: 3, AR300: 3, AR179: 3, AR311: 3, AR191: 3, AR293: 3, AR181: 3, AR272: 3, AR297: 3, AR213: 3, AR171: 3, AR270: 3, AR183: 3, AR238: 3, AR236: 3, AR316: 3, AR060: 3, AR308: 3, AR294: 3, AR266: 3, AR226: 3, AR177: 3, AR258: 3, AR285: 2, AR104: 2, AR233: 2, AR172: 2, AR193: 2, AR197: 2, AR291: 2, AR231: 2, AR188: 2, AR219: 2, AR255: 2, AR275: 2, AR189: 2, AR237: 2, AR290: 2, AR295: 2, AR287: 2, AR277: 2, AR218: 2, AR267: 2, AR182: 2, AR228: 2, AR268: 2, AR204: 2, AR190: 2, AR246: 2, AR239: 2, AR232: 2, AR261: 2, AR223: 2, AR201: 2, AR217: 2, AR195: 2, AR260: 1, AR200: 1, AR170: 1, AR286: 1, AR216: 1, AR288: 1, AR222: 1, AR227: 1, AR230: 1 H0305: 2 and H0589: 1.
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	HDPBI32	590733	674	
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	HDPBQ71	886067	676	
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	HDPMM88	885059	682	
	HDPMM88	874074	683	
	HDPMM88	854246	684	
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133	HDTBD53	972757	143	AR242: 4, AR246: 4, AR250: 3, AR263: 3, AR195: 3, AR272: 3, AR264: 3, AR170: 3, AR282: 3, AR215: 3, AR163: 3, AR162: 3, AR235: 3, AR089: 3, AR198: 3, AR165: 3, AR161: 3, AR197: 2, AR266: 2, AR053: 2, AR169: 2, AR212: 2, AR205: 2, AR285: 2, AR243: 2, AR312: 2, AR240: 2, AR270: 2, AR221: 2, AR296: 2, AR213: 2, AR178: 2, AR216: 2, AR261: 2, AR214: 2, AR299: 2, AR247: 2, AR060: 2, AR164: 2, AR267: 1, AR237: 1, AR183: 1, AR271: 1, AR172: 1, AR286: 1, AR179: 1, AR166: 1, AR291: 1, AR311: 1, AR316: 1, AR313: 1, AR288: 1, AR171: 1, AR188: 1, AR268: 1, AR269: 1, AR308: 1, AR173: 1, AR287: 1, AR297: 1, AR033: 1 L0439: 17, L0731: 17, L0747: 16, L0766: 13, S0360: 8, L0770: 8, L0659: 8, L0754: 8, H0553: 7, L0663: 7, L0749: 7, L0758: 7, H0486: 6, S0192: 6, L0662: 5, L0105: 4, H0644: 4, L0438: 4, H0547: 4, L0748: 4, L0751: 4, L0752: 4, L0755: 4, L0599: 4, H0542: 4, H0556: 3, H0662: 3, S0420: 3, H0599: 3, H0050: 3, H0266: 3, H0622: 3, H0135: 3, H0551: 3, H0529: 3, L0783: 3, H0519: 3, H0670: 3, H0521: 3, H0555: 3, L0750: 3, H0717: 2, H0663: 2, H0638: 2, S0476: 2, H0592: 2, H0013: 2, H0598: 2, H0090: 2, H0038: 2, H0040: 2, H0494: 2, S0440: 2, S0344: 2, L0638: 2, L0761: 2, L0764: 2, L0649: 2, L0774: 2, L0775: 2, L0657: 2, L0787: 2, L0666: 2, H0144: 2, L0565: 2, H0659: 2, S0044: 2, L0759: 2, S0194: 2, H0422: 2, H0170: 1, S0040: 1, H0713: 1, T0049: 1, S0134: 1, S0110: 1, H0402: 1, S0356: 1, S0442: 1, S0354: 1, S0376: 1, S0444: 1, S0410: 1, S0300: 1, H0369: 1, H0261: 1, H0549: 1, H0550: 1, S0222: 1, H0586: 1, H0587: 1, L0586: 1, T0060: 1, H0244: 1, S0280: 1, L0021: 1, H0025: 1, H0421: 1, H0309: 1, L0040: 1, H0544: 1, L0471: 1, H0024: 1, L0163: 1, S0388: 1, H0188: 1, H0687: 1, S0003: 1, H0615: 1, H0039: 1, H0030: 1, H0674: 1, H0212: 1, H0068: 1, S0366: 1, H0163: 1, H0591: 1, H0634: 1, H0616: 1, H0412: 1, H0413: 1, H0623: 1, H0561: 1, H0641: 1, H0647: 1, H0652: 1, S0144: 1, S0142: 1, S0002: 1, L0369: 1, L0769: 1, L5575: 1, L5565: 1, L3905: 1, L5566: 1, L0772: 1, L0800: 1, L0771: 1, L0521: 1, L0768: 1, L0794: 1, L0381: 1, L0806: 1, L0654: 1, L0655: 1, L0636: 1, L0384: 1, L0809: 1, L0528: 1, L0788: 1, L0789: 1, S0126: 1, H0689: 1, H0682: 1, H0658: 1, H0648: 1, S0328: 1, H0539: 1, H0696: 1, S0406: 1, L0740: 1, L0757: 1, L0603: 1, H0665: 1, S0196: 1, H0423: 1 and S0460: 1.
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134	HDTBP04	1307742	144	AR282: 115, AR316: 1 S0392: 5, H0478: 5, H0479: 3, H0485: 2 and H0486: 1.
	HDTBP04	543618	695	
135	HDTDQ23	1306984	145	AR200: 16, AR311: 15, AR272: 13, AR264: 12, AR165: 11, AR164: 11, AR188: 11, AR312: 10, AR166: 10, AR211: 10, AR104: 10, AR282: 10, AR191: 10, AR246: 9, AR096: 9, AR210: 9, AR189: 9, AR162: 9, AR199: 9, AR161: 9, AR163: 9, AR274: 9, AR196: 9, AR308: 8, AR174: 8, AR089: 8, AR240: 8, AR309: 7, AR175: 7, AR218: 7, AR219: 7, AR190: 7, AR295: 7, AR203: 7, AR316: 7, AR299: 7, AR313: 6, AR285: 6, AR247: 6, AR185: 6, AR275: 6, AR263: 6, AR183: 6, AR245: 6, AR060: 6, AR181: 6, AR212: 6, AR039: 6, AR053: 5, AR288: 5, AR269: 5, AR268: 5, AR243: 5, AR291: 5, AR290: 5, AR033: 5, AR173: 5, AR238: 5, AR267: 5, AR231: 5, AR176: 5, AR271: 5, AR300: 4, AR237: 4, AR205: 4, AR266: 4, AR177: 4, AR182: 4, AR223: 4, AR270: 4, AR296: 4, AR213: 4, AR277: 4, AR229: 4, AR178: 4, AR261: 4, AR171: 4, AR297: 3, AR195: 3, AR287: 3, AR239: 3, AR232: 3, AR230: 3, AR255: 3, AR234: 3, AR226: 3, AR257: 3, AR286: 3, AR293: 3, AR258: 3, AR236: 3, AR193: 3, AR262: 3, AR168: 3, AR180: 3, AR252: 3, AR289: 3, AR221: 3, AR225: 3, AR250: 3, AR179: 3, AR294: 3, AR216: 2, AR201: 2, AR198: 2, AR233: 2, AR061: 2, AR172: 2, AR222: 2, AR055: 2, AR170: 2, AR215: 2, AR256: 2, AR228: 2, AR227: 2, AR224: 2, AR214: 1, AR283: 1, AR197: 1, AR260: 1, AR235: 1, AR253: 1 L0659: 5, L0666: 4, L0665: 4, L2634: 3, L0471: 2, H0031: 2, L0646: 2, L0794: 2, L0766: 2, L0657: 2, H0265: 1, H0685: 1, L0785: 1, S0356: 1, S0376: 1, S0360: 1, H0742: 1, S0007: 1, H0747: 1, H0486: 1, L2540: 1, H0069:

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	HDTDQ23	751707	697	
136	HDTEK44	1025421	146	AR313: 60, AR163: 58, AR196: 54, AR264: 52, AR161: 50, AR162: 49, AR263: 42, AR165: 41, AR164: 39, AR229: 39, AR166: 39, AR240: 38, AR096: 37, AR089: 36, AR174: 35, AR247: 35, AR173: 34, AR242: 33, AR185: 33, AR177: 32, AR181: 32, AR234: 31, AR218: 30, AR300: 30, AR258: 28, AR308: 28, AR275: 27, AR262: 27, AR104: 27, AR192: 26, AR175: 26, AR179: 26, AR207: 25, AR236: 25, AR274: 25, AR235: 25, AR311: 24, AR312: 24, AR233: 23, AR293: 23, AR257: 23, AR053: 22, AR309: 22, AR261: 22, AR199: 22, AR316: 21, AR191: 21, AR277: 21, AR238: 21, AR230: 21, AR299: 21, AR213: 20, AR060: 20, AR226: 20, AR197: 20, AR180: 20, AR297: 19, AR200: 19, AR212: 19, AR193: 19, AR203: 18, AR271: 17, AR231: 17, AR219: 17, AR237: 16, AR295: 16, AR188: 16, AR178: 16, AR285: 16, AR282: 16, AR198: 16, AR245: 15, AR189: 15, AR039: 15, AR033: 15, AR204: 15, AR227: 15, AR228: 15, AR286: 15, AR195: 15, AR239: 14, AR294: 14, AR254: 14, AR255: 14, AR296: 14, AR183: 14, AR287: 13, AR269: 13, AR260: 13, AR270: 12, AR201: 12, AR288: 11, AR182: 11, AR291: 11, AR211: 11, AR252: 10, AR290: 10, AR250: 10, AR223: 10, AR253: 10, AR169: 10, AR170: 10, AR243: 10, AR224: 10, AR168: 10, AR214: 10, AR256: 10, AR272: 9, AR268: 9, AR246: 9, AR171: 9, AR283: 9, AR225: 9, AR172: 8, AR289: 8, AR205: 8, AR232: 8, AR222: 8, AR190: 8, AR176: 8, AR210: 8, AR217: 8, AR216: 8, AR267: 8, AR221: 7, AR215: 7, AR266: 5, AR055: 5, AR061: 5 L0809: 7, L0662: 4, L0794: 2, H0592: 1, H0586: 1, H0485: 1, H0486: 1, H0687: 1, L0648: 1, L0803: 1, L0375: 1, L0384: 1, L0663: 1, H0683: 1, L0439: 1 and L0747: 1.
	HDTEK44	890972	698	
	HDTEK44	904770	699	
	HDTEK44	902431	700	
137	HDTEN81	571078	147	AR282: 122, AR039: 29, AR300: 8, AR316: 4, AR055: 2, AR060: 2, AR313: 1 H0486: 8, S0328: 7, S0356: 5, L0655: 5, L0762: 3, L5574: 3, H0445: 3, L0794: 2, L0653: 2, S0330: 2, L0750: 2, L0808: 1, H0551: 1, L0761: 1, L5564: 1, L0606: 1, S0392: 1, L0747: 1 and S0384: 1.
138	HDTFE17	1043391	148	AR169: 12, AR224: 12, AR223: 11, AR264: 11, AR210: 10, AR214: 10, AR235: 10, AR215: 10, AR311: 10, AR222: 9, AR207: 9, AR212: 9, AR170: 9, AR168: 8, AR282: 8, AR217: 8, AR221: 8, AR194: 8, AR195: 8, AR252: 8, AR309: 7, AR261: 7, AR166: 7, AR308: 7, AR171: 7, AR165: 7, AR164: 7, AR216: 7, AR277: 6, AR263: 6, AR225: 6, AR288: 6, AR172: 6, AR161: 6, AR162: 6, AR312: 5, AR163: 5, AR245: 5, AR192: 5, AR180: 5, AR196: 5, AR297: 5, AR193: 5, AR053: 5, AR250: 5, AR265: 5, AR205: 5, AR242: 5, AR310: 5, AR211: 5, AR204: 4, AR240: 4, AR181: 4, AR254: 4, AR213: 4, AR236: 4, AR206: 4, AR199: 4, AR295: 4, AR052: 4, AR266: 4, AR257: 4, AR203: 4, AR174: 4, AR246: 4, AR177: 4, AR200: 4, AR280: 4, AR287: 4, AR189: 4, AR262: 4, AR178: 3, AR191: 3, AR291: 3, AR249: 3, AR286: 3, AR198: 3, AR285: 3, AR173: 3, AR289: 3, AR060: 3, AR089: 3, AR201: 3, AR243: 3, AR272: 3, AR188: 3, AR239: 3, AR197: 3, AR299: 3, AR183: 3, AR033: 3, AR270: 3, AR300: 3, AR247: 3, AR248: 3, AR296: 3, AR176: 3, AR284: 3,

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	HDTFE17	892317	702	
139	HDTGC73	635457	149	AR177: 18, AR191: 15, AR174: 14, AR175: 14, AR274: 13, AR189: 12, AR190: 12, AR165: 12, AR176: 12, AR164: 11, AR166: 11, AR161: 10, AR162: 10, AR163: 10, AR235: 10, AR181: 10, AR269: 10, AR183: 9, AR173: 9, AR172: 9, AR261: 9, AR295: 9, AR188: 8, AR224: 8, AR236: 8, AR089: 8, AR192: 8, AR282: 8, AR180: 8, AR196: 8, AR214: 8, AR240: 8, AR263: 7, AR217: 7, AR286: 7, AR226: 7, AR270: 7, AR225: 7, AR297: 7, AR182: 7, AR207: 7, AR247: 7, AR169: 7, AR221: 7, AR232: 7, AR275: 7, AR293: 7, AR287: 7, AR222: 6, AR223: 6, AR285: 6, AR258: 6, AR316: 6, AR300: 6, AR238: 6, AR262: 6, AR096: 6, AR290: 6, AR185: 6, AR311: 6, AR264: 6, AR216: 6, AR268: 6, AR171: 6, AR178: 6, AR313: 5, AR309: 5, AR296: 5, AR272: 5, AR239: 5, AR233: 5, AR053: 5, AR257: 5, AR288: 5, AR289: 5, AR213: 5, AR060: 5, AR291: 5, AR104: 5, AR308: 5, AR168: 5, AR267: 5, AR203: 5, AR195: 5, AR299: 5, AR033: 5, AR294: 5, AR277: 4, AR228: 4, AR255: 4, AR211: 4, AR237: 4, AR039: 4, AR199: 4, AR266: 4, AR312: 4, AR179: 4, AR198: 4, AR256: 4, AR204: 4, AR061: 4, AR212: 4, AR229: 4, AR200: 4, AR260: 4, AR283: 3, AR231: 3, AR243: 3, AR234: 3, AR271: 3, AR252: 3, AR227: 3, AR170: 3, AR193: 3, AR197: 3, AR055: 3, AR230: 3, AR245: 3, AR201: 3, AR246: 3, AR205: 2, AR210: 2, AR218: 2, AR219: 2, AR215: 1, AR242: 1 L0375: 4, L0605: 4, L0809: 3, L0803: 2, L5286: 2, L0743: 2, L0744: 2, L0747: 2, L0779: 2, L0777: 2, L0731: 2, L0758: 2, S0412: 2, H0171: 1, H0716: 1, H0772: 1, H0486: 1, L0021: 1, H0598: 1, S0438: 1, L0769: 1, L0663: 1, L0665: 1, L0742: 1, L0748: 1, L0750: 1 and L0756: 1.
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141	HDTMK50	1011485	151	AR196: 9, AR313: 9, AR162: 9, AR264: 9, AR161: 9, AR165: 9, AR163: 8, AR164: 8, AR173: 8, AR166: 8, AR262: 8, AR175: 8, AR309: 7, AR174: 7, AR247: 7, AR179: 6, AR269: 6, AR240: 6, AR180: 6, AR257: 6, AR200: 6, AR275: 6, AR178: 6, AR270: 6, AR191: 6, AR238: 6, AR258: 6, AR312: 6, AR183: 6, AR199: 5, AR181: 5, AR236: 5, AR188: 5, AR293: 5, AR234: 5, AR285: 5, AR246: 5, AR252: 5, AR274: 5, AR294: 5, AR300: 5, AR203: 5, AR177: 5, AR233: 5, AR296: 5, AR268: 5, AR229: 5, AR263: 5, AR182: 5, AR189: 5, AR096: 4, AR226: 4, AR193: 4, AR231: 4, AR176: 4, AR253: 4, AR287: 4, AR185: 4, AR290: 4, AR297: 4, AR261: 4, AR255: 4, AR207: 4, AR190: 3, AR295: 3, AR217: 3, AR168: 3, AR237: 3, AR299: 3, AR291: 3, AR308: 3, AR267: 3, AR228: 3, AR235: 3, AR089: 3, AR218: 3, AR260: 3, AR212: 3, AR286: 3, AR230: 3, AR239: 3, AR277: 3, AR245: 3, AR282: 3, AR227: 3, AR221: 3, AR039: 2, AR205: 2, AR316: 2, AR033: 2, AR216: 2, AR211: 2, AR060: 2, AR169: 2, AR201: 2, AR266: 2, AR219: 2, AR288: 2, AR232: 2, AR214: 2, AR204: 2, AR053: 2, AR289: 2, AR172: 2, AR256: 2, AR104: 2, AR210: 2, AR225: 1, AR242: 1, AR061: 1, AR171: 1, AR311: 1 L0754: 6, S0474: 5, L0666: 5, L0740: 5, H0486: 4, L0662: 4, L0748: 4, L0766: 3, H0657: 2, S0358: 2, H0587: 2, L0655: 2, L0665: 2, S0330: 2, L0744: 2, H0543: 2, H0306: 1, S0418: 1, S0376: 1, S0222: 1, H0574: 1, L0471: 1, H0057: 1, H0594: 1, H0687: 1, H0031: 1, L0142: 1, H0032: 1, H0413: 1, S0426: 1, L0768: 1, L0658: 1, L0558: 1, L0659: 1, L0791: 1, L0664: 1, H0648: 1, S0328: 1, S0136: 1, H0521: 1, H0214: 1, L0742: 1, L0779: 1, L0755: 1, L0731: 1, L0758: 1 and S0192: 1.
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	HDTMK50	857362	705	
142	HE2DY70	722217	152	AR252: 8, AR215: 6, AR242: 3, AR225: 3, AR201: 2, AR180: 2, AR266: 2, AR231: 2, AR181: 2, AR271: 2, AR161: 1, AR162: 1, AR195: 1, AR257: 1, AR262: 1, AR089: 1, AR300: 1, AR217: 1, AR258: 1, AR193: 1, AR291: 1 S0003: 3, H0170: 1, S0278: 1, L0637: 1, L0777: 1, L0731: 1, L0758: 1 and L0362: 1.
143	HE2EB74	513662	153	AR196: 12, AR161: 8, AR162: 8, AR163: 8, AR285: 6, AR165: 6, AR164: 6, AR243: 6, AR166: 6, AR232: 6, AR287: 6, AR188: 6, AR269: 5, AR261: 5, AR295: 5, AR174: 5, AR291: 5, AR226: 5, AR257: 5, AR233: 5, AR171: 5, AR236: 5, AR191: 4, AR264: 4, AR263: 4, AR266: 4, AR296: 4, AR182: 4, AR275: 4, AR288: 4, AR286: 4, AR178: 4, AR255: 4, AR176: 4, AR258: 4, AR060: 4, AR089: 4, AR299: 4, AR308: 4, AR238: 4, AR309: 4, AR175: 4, AR104: 4, AR311: 4, AR297: 4, AR239: 4, AR260: 4, AR179: 3, AR177: 3, AR274: 3, AR181: 3, AR237: 3, AR256: 3, AR300: 3, AR289: 3,

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144	HE2EN04	545008	154	AR309: 12, AR264: 11, AR308: 9, AR263: 9, AR311: 8, AR312: 6, AR210: 6, AR225: 6, AR207: 5, AR053: 5, AR245: 5, AR200: 5, AR313: 4, AR272: 4, AR282: 4, AR217: 4, AR271: 4, AR223: 4, AR201: 4, AR183: 4, AR212: 4, AR196: 4, AR193: 4, AR246: 4, AR270: 3, AR274: 3, AR203: 3, AR162: 3, AR161: 3, AR163: 3, AR267: 3, AR176: 3, AR205: 3, AR195: 3, AR172: 3, AR261: 3, AR096: 3, AR165: 3, AR197: 3, AR164: 3, AR268: 2, AR218: 2, AR255: 2, AR177: 2, AR204: 2, AR188: 2, AR168: 2, AR199: 2, AR175: 2, AR166: 2, AR316: 2, AR060: 2, AR216: 2, AR236: 2, AR089: 2, AR266: 2, AR288: 2, AR171: 2, AR213: 2, AR178: 2, AR228: 2, AR262: 2, AR290: 2, AR231: 2, AR179: 2, AR233: 2, AR185: 2, AR239: 2, AR296: 2, AR229: 2, AR234: 2, AR182: 2, AR289: 2, AR285: 2, AR277: 1, AR224: 1, AR181: 1, AR293: 1, AR191: 1, AR237: 1, AR227: 1, AR219: 1, AR286: 1, AR173: 1, AR291: 1, AR269: 1, AR295: 1, AR190: 1, AR258: 1, AR055: 1, AR294: 1, AR211: 1, AR061: 1, AR238: 1, AR252: 1, AR247: 1, AR297: 1, AR283: 1, AR299: 1, AR214: 1 L0749: 5, L0662: 3, L0665: 3, H0144: 3, H0519: 3, S0418: 2, L0518: 2, L0663: 2, H0690: 2, L0740: 2, L0779: 2, H0624: 1, H0170: 1, T0002: 1, S0420: 1, S0360: 1, H0559: 1, H0581: 1, L0471: 1, H0628: 1, H0634: 1, H0616: 1, S0210: 1, L0598: 1, L0770: 1, L0769: 1, L0373: 1, L0372: 1, L0642: 1, L0764: 1, L0768: 1, L0649: 1, L0381: 1, L0650: 1, L0806: 1, L0655: 1, L0657: 1, H0684: 1, S0152: 1, H0631: 1, L0751: 1, L0596: 1, S0011: 1 and H0677: 1.
145	HE2FV03	396139	155	AR225: 457, AR215: 423, AR223: 419, AR214: 310, AR170: 307, AR169: 302, AR296: 290, AR171: 266, AR168: 246, AR291: 231, AR256: 206, AR172: 159, AR255: 156, AR288: 155, AR221: 152, AR289: 150, AR285: 145, AR295: 144, AR224: 144, AR217: 139, AR297: 137, AR235: 133, AR266: 132, AR216: 130, AR260: 118, AR222: 116, AR178: 96, AR183: 90, AR293: 90, AR179: 89, AR287: 88, AR180: 88, AR261: 80, AR176: 80, AR213: 77, AR316: 76, AR262: 74, AR269: 71, AR253: 71, AR270: 70, AR181: 69, AR219: 68, AR258: 68, AR283: 68, AR173: 66, AR290: 64, AR210: 64, AR294: 64, AR250: 63, AR175: 62, AR236: 61, AR033: 61, AR257: 60, AR039: 59, AR238: 57, AR243: 56, AR230: 55, AR252: 54, AR182: 53, AR240: 52, AR242: 52, AR254: 52, AR190: 51, AR268: 51, AR188: 50, AR286: 50, AR199: 49, AR096: 48, AR247: 48, AR205: 48, AR104: 47, AR282: 46, AR245: 46, AR218: 46, AR237: 45, AR189: 45, AR212: 44, AR229: 44, AR174: 44, AR191: 42, AR313: 42, AR185: 41, AR274: 41, AR267: 40, AR263: 40, AR177: 40, AR198: 40, AR089: 40, AR196: 39, AR234: 39, AR264: 39, AR300: 37, AR246: 37, AR271: 37, AR053: 37, AR312: 37, AR163: 37, AR299: 36, AR162: 36, AR161: 36, AR193: 36, AR195: 36, AR309: 35, AR204: 35, AR200: 34, AR201: 34, AR211: 33, AR166: 33, AR165: 33, AR060: 33, AR226: 32, AR272: 32, AR275: 32, AR203: 32, AR192: 32, AR311: 32, AR308: 32, AR227: 31, AR164: 31, AR055: 31, AR231: 30, AR233: 28, AR197: 28, AR232: 27, AR239: 26, AR228: 26, AR061: 24, AR277: 23, AR207: 23 L0666: 5, L0438: 5, L0439: 4, L0731: 4, L0471: 3, H0547: 3, H0170: 2, H0586: 2, S6028: 2, H0539: 2, S0146: 2, L0740: 2, L0752: 2, S0192: 2, S0242: 2, H0171: 1, L0002: 1, L0005: 1, S0408: 1, S0222: 1, H0331: 1, H0156: 1, H0575: 1, H0309: 1, H0597: 1, T0067: 1, L0598: 1, H0529: 1, L0520: 1, L0768: 1, L0803: 1, L0774: 1, L0775: 1,

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146	HE2NV57	740750	156	AR235: 6, AR282: 4, AR309: 4, AR171: 4, AR270: 4, AR178: 3, AR272: 3, AR245: 3, AR269: 3, AR291: 3, AR169: 3, AR268: 3, AR213: 3, AR215: 3, AR254: 3, AR267: 3, AR289: 3, AR274: 3, AR236: 3, AR175: 3, AR053: 3, AR228: 3, AR261: 3, AR242: 2, AR161: 2, AR181: 2, AR308: 2, AR300: 2, AR257: 2, AR238: 2, AR182: 2, AR266: 2, AR204: 2, AR237: 2, AR170: 2, AR288: 2, AR290: 2, AR188: 2, AR297: 2, AR168: 2, AR262: 2, AR162: 2, AR163: 2, AR296: 2, AR233: 2, AR210: 2, AR285: 2, AR295: 2, AR264: 2, AR293: 2, AR165: 2, AR229: 2, AR201: 2, AR189: 2, AR250: 2, AR164: 2, AR221: 2, AR195: 2, AR222: 2, AR223: 2, AR239: 2, AR231: 2, AR294: 2, AR166: 2, AR191: 2, AR179: 2, AR255: 2, AR271: 2, AR287: 2, AR212: 2, AR234: 2, AR299: 2, AR225: 2, AR203: 2, AR246: 2, AR200: 2, AR205: 1, AR089: 1, AR173: 1, AR176: 1, AR240: 1, AR286: 1, AR193: 1, AR199: 1, AR258: 1, AR196: 1, AR232: 1, AR096: 1, AR243: 1, AR312: 1, AR185: 1, AR061: 1, AR183: 1, AR230: 1, AR060: 1 S0414: 3, L0805: 3, S0412: 3, H0457: 2, L0756: 2, H0170: 1, H0645: 1, H0455: 1, H0421: 1, H0100: 1, L0803: 1, S0052: 1, S0374: 1, H0696: 1 and L0743: 1.
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153	HE9BK23	675382	163	AR238: 18, AR226: 16, AR239: 12, AR232: 10, AR060: 9, AR237: 8, AR228: 8, AR055: 6, AR227: 6, AR231: 5, AR283: 4, AR197: 4, AR229: 4, AR176: 4, AR282: 4, AR104: 4, AR089: 4, AR230: 4, AR253: 3, AR233: 3, AR234: 3, AR205: 3, AR240: 3, AR185: 3, AR207: 3, AR204: 3, AR316: 3, AR096: 3, AR312: 3, AR264: 3, AR223: 3, AR182: 3, AR245: 3, AR201: 3, AR299: 3, AR289: 2, AR218: 2, AR250: 2, AR246: 2, AR164: 2, AR300: 2, AR166: 2, AR271: 2, AR168: 2, AR275: 2, AR252: 2, AR257: 2, AR161: 2, AR162: 2, AR039: 2, AR212: 2, AR163: 2, AR216: 2, AR225: 2, AR053: 2, AR269: 2, AR309: 2, AR277: 2, AR165: 2, AR268: 2, AR171: 2, AR313: 2, AR267: 2, AR190: 2, AR175: 2, AR311: 2, AR254: 2, AR215: 2, AR291: 2, AR199: 2, AR247: 2, AR236: 2, AR266: 2, AR180: 2, AR198: 2, AR196: 2, AR183: 2, AR296: 2, AR033: 2, AR287: 2, AR061: 2, AR270: 2, AR294: 1, AR308: 1, AR295: 1, AR193: 1, AR214: 1, AR262: 1, AR178: 1, AR261: 1, AR191: 1, AR181: 1, AR179: 1, AR219: 1, AR256: 1, AR297: 1, AR274: 1, AR293: 1, AR290: 1, AR172: 1, AR195: 1, AR200: 1, AR203: 1, AR255: 1, AR189: 1, AR188: 1, AR243: 1, AR169: 1, AR285: 1, AR224: 1, AR173: 1 L0803: 10, H0510: 4, H0741: 3, H0730: 2, L3388: 2, H0355: 2, S0438: 2, L0581: 2, H0722: 1, H0393: 1, H0574: 1, H0746: 1, H0014: 1, H0509: 1, L0804: 1, L0790: 1, H0144: 1 and L0748: 1.
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	HE9DG49	382000	708	
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157	HE9NN84	846309	167	AR295: 41, AR261: 40, AR235: 35, AR285: 30, AR291: 25, AR297: 22, AR296: 20, AR236: 18, AR258: 17, AR256: 17, AR287: 16, AR266: 15, AR289: 14, AR218: 14, AR286: 13, AR260: 13, AR262: 12, AR288: 11, AR257: 10, AR255: 10,

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	HE9OW20	834400	710	
159	HE9RM63	886167	169	AR096: 6, AR235: 5, AR250: 4, AR183: 3, AR270: 3, AR269: 3, AR173: 3, AR290: 3, AR268: 3, AR216: 3, AR215: 3, AR254: 2, AR053: 2, AR193: 2, AR309: 2, AR180: 2, AR291: 2, AR313: 2, AR196: 2, AR191: 2, AR178: 2, AR225: 2, AR271: 2, AR176: 2, AR190: 2, AR189: 2, AR288: 1, AR060: 1, AR089: 1, AR226: 1, AR210: 1, AR168: 1, AR285: 1, AR175: 1, AR297: 1, AR255: 1, AR267: 1, AR231: 1, AR181: 1, AR257: 1, AR299: 1 H0549: 1, H0013: 1, H0036: 1, H0263: 1, H0099: 1, S0250: 1, L0663: 1, L0665: 1, H0144: 1, L0756: 1, L0755: 1 and L0759: 1.
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175	HEMAM41	741647	185	AR216: 14, AR217: 11, AR214: 10, AR104: 9, AR215: 9, AR224: 8, AR161: 8, AR162: 8, AR163: 7, AR285: 7, AR221: 7, AR222: 7, AR291: 7, AR296: 7, AR284: 6, AR172: 6, AR294: 6, AR235: 6, AR298: 6, AR223: 6, AR286: 6, AR165: 6, AR236: 6, AR060: 6, AR282: 6, AR190: 6, AR033: 6, AR168: 6, AR164: 6, AR186: 6, AR225: 6, AR287: 6, AR166: 6, AR171: 5, AR292: 5, AR193: 5, AR295: 5, AR297: 5, AR255: 5, AR251: 5, AR240: 5, AR196: 5, AR261: 5, AR257: 5, AR089: 5, AR269: 5, AR293: 5, AR184: 5, AR191: 5, AR266: 5, AR182: 5, AR283: 5, AR247: 5, AR178: 5, AR188: 5, AR262: 5, AR181: 4, AR185: 4, AR183: 4, AR055: 4, AR288: 4, AR289: 4, AR169: 4, AR189: 4, AR270: 4, AR197: 4, AR175: 4, AR290: 4, AR173: 4, AR218: 4, AR258: 4, AR219: 4, AR248: 4, AR176: 4, AR250: 4, AR096: 4, AR260: 4, AR316: 4, AR259: 4, AR174: 4, AR061: 4, AR249: 4, AR238: 4, AR311: 3, AR242: 3, AR256: 3, AR254: 3, AR200: 3, AR231: 3, AR228: 3, AR210: 3, AR268: 3, AR201: 3, AR300: 3, AR299: 3, AR239: 3, AR199: 3, AR226: 3, AR177: 3, AR180: 3, AR267: 3, AR265: 3, AR274: 3, AR179: 3, AR203: 3, AR052: 3, AR233: 3, AR310: 3, AR230: 3, AR309: 3, AR312: 3, AR277: 2, AR243: 2, AR237: 2, AR205: 2, AR234: 2, AR039: 2, AR232: 2, AR314: 2, AR211: 2, AR170: 2, AR229: 2, AR313: 2, AR227: 2, AR213: 2, AR275: 2, AR246: 2, AR263: 2, AR272: 2, AR195: 1, AR053: 1, AR280: 1, AR192: 1, AR253: 1, AR212: 1 S0330: 3, S0046: 2, H0494: 2, L0065: 2, L0666: 2, H0670: 2, L0439: 2, H0624: 1, H0686: 1, H0295: 1, S0212: 1, S0442: 1, H0735: 1, L3388: 1, H0549: 1, H0392: 1, H0559: 1, H0052: 1, H0597: 1, H0327: 1, H0009: 1, H0024: 1, S0050: 1, S0051: 1, H0428: 1, S0150: 1, H0641: 1, L0637: 1, L0662: 1, L0794: 1, L0649: 1, L0803: 1, L0774: 1, L0775: 1, L0651: 1, L0659: 1, L0526: 1, L5622: 1, L0663: 1, L0665: 1, H0593: 1, H0690: 1, S0328: 1, H0696: 1, H0555: 1, H0478: 1, S0037: 1, S0028: 1, L0756: 1, L0759: 1, S0434: 1 and S0276: 1.
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176	HEPAA46	596830	186	AR215: 19, AR245: 4, AR221: 4, AR224: 3, AR282: 3, AR053: 3, AR252: 3, AR309: 3, AR176: 2, AR162: 2, AR169: 2, AR266: 2, AR166: 2, AR263: 2, AR214: 2, AR161: 2, AR163: 2, AR172: 2, AR183: 2, AR165: 2, AR177: 2, AR164: 2, AR182: 2, AR313: 2, AR264: 2, AR283: 2, AR193: 2, AR236: 1, AR175: 1, AR217: 1, AR233: 1, AR286: 1, AR171: 1, AR257: 1, AR223: 1, AR277: 1, AR297: 1, AR255: 1, AR296: 1, AR289: 1, AR295: 1, AR207: 1, AR204: 1, AR267: 1, AR181: 1, AR033: 1, AR180: 1, AR234: 1, AR179: 1, AR299: 1, AR271: 1, AR188: 1, AR230: 1, AR262: 1, AR178: 1, AR287: 1, AR229: 1, AR201: 1, AR270: 1, AR291: 1, AR185: 1, AR247: 1, AR205: 1, AR170: 1, AR294: 1, AR290: 1, AR212: 1, AR237: 1 H0549: 3, H0150: 2, L0779: 2 and L0758: 1.
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178	HEQAK71	598018	188	AR245: 13, AR195: 11, AR207: 10, AR175: 10, AR192: 9, AR246: 9, AR182: 9, AR174: 9, AR270: 9, AR243: 9, AR205: 8, AR269: 8, AR235: 8, AR309: 8, AR272: 8, AR311: 8, AR165: 7, AR193: 7, AR166: 7, AR189: 7, AR263: 7, AR164: 7, AR096: 7, AR221: 7, AR089: 7, AR191: 7, AR264: 7, AR290: 7, AR282: 7, AR161: 7, AR190: 7, AR162: 7, AR224: 7, AR176: 7, AR163: 7, AR271: 7, AR242: 6, AR180: 6, AR197: 6, AR170: 6, AR183: 6, AR198: 6, AR215: 6, AR268: 6, AR214: 6, AR196: 6, AR308: 6, AR201: 6, AR177: 6, AR223: 6, AR200: 6, AR173: 6, AR188: 6, AR217: 6, AR312: 6, AR039: 5, AR225: 5, AR275: 5, AR169: 5, AR060: 5, AR168: 5, AR222: 5, AR213: 5, AR053: 5, AR267: 5, AR316: 5, AR295: 5, AR274: 5, AR181: 5, AR240: 5, AR212: 5, AR288: 5, AR261: 5, AR104: 5, AR313: 4, AR185: 4, AR216: 4, AR204: 4, AR285: 4, AR199: 4, AR252: 4, AR238: 4, AR247: 4, AR299: 4, AR297: 4, AR291: 4, AR171: 4, AR277: 4, AR203: 4, AR210: 4, AR289: 4, AR262: 4, AR286: 3, AR178: 3, AR300: 3, AR033: 3, AR296: 3, AR236: 3, AR258: 3, AR239: 3, AR266: 3, AR218: 3, AR232: 3, AR172: 3, AR257: 3, AR234: 3, AR287: 3, AR294: 3, AR255: 3, AR293: 3, AR226: 3, AR233: 2, AR237: 2, AR231: 2, AR179: 2, AR254: 2, AR229: 2, AR055: 2, AR260: 2, AR061: 2, AR211: 2, AR227: 2, AR230: 2, AR283: 2, AR228: 2, AR219: 2, AR256: 2 L0803: 3, L0809: 3, L0755: 3, L0637: 2, H0539: 2, L0754: 2, S0420: 1, H0486: 1, S0010: 1, H0544: 1, S0440: 1, H0646: 1, L0372: 1, L0764: 1, L0773: 1, L0794: 1, L0655: 1, L0789: 1, H0144: 1, H0696: 1, H0555: 1, L0748: 1, L0747: 1, L0779: 1, L0731: 1, L0758: 1, S0436: 1, L0599: 1, L0604: 1 and S0242: 1.
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	HFPCX09	598723	722	
199	HFPCX36	526635	209	AR207: 23, AR185: 7, AR282: 6, AR242: 5, AR246: 4, AR215: 4, AR096: 4, AR060: 3, AR240: 3, AR224: 3, AR225: 2, AR205: 2, AR221: 2, AR222: 2, AR169: 2, AR170: 2, AR183: 2, AR089: 2, AR172: 1, AR217: 1, AR214: 1, AR291: 1, AR296: 1, AR198: 1 S0222: 1
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205	HFVGE32	854545	215	AR313: 29, AR173: 22, AR161: 21, AR162: 21, AR163: 20, AR165: 18, AR164: 17, AR196: 17, AR166: 16, AR240: 16, AR258: 16, AR300: 16, AR096: 15, AR229: 15, AR218: 14, AR247: 14, AR257: 14, AR175: 13, AR185: 13, AR264: 13, AR174: 13, AR262: 13, AR234: 12, AR275: 12, AR299: 12, AR177: 11, AR181: 11, AR274: 11, AR199: 10, AR236: 10, AR089: 10, AR226: 10, AR270: 10, AR178: 10, AR179: 10, AR191: 10, AR233: 9, AR269: 9, AR180: 9, AR293: 9, AR182: 9, AR238: 9, AR183: 8, AR104: 8, AR219: 8, AR316: 8, AR203: 8, AR033: 7, AR261: 7, AR231: 7, AR189: 7, AR230: 7, AR312: 7, AR200: 7, AR176: 7, AR060: 6, AR268: 6, AR282: 6, AR260: 6, AR255: 6, AR277: 6, AR228: 6, AR237: 6, AR188: 6, AR267: 6, AR263: 6, AR285: 6, AR308: 6, AR294: 6, AR297: 5, AR296: 5, AR239: 5, AR309: 5, AR286: 5, AR272: 5, AR266: 5, AR053: 4, AR287: 4, AR290: 4, AR256: 4, AR212: 4, AR295: 4, AR250: 4, AR227: 4, AR213: 4, AR291: 4, AR288: 4, AR190: 3, AR311: 3, AR168: 3, AR271: 3, AR224: 3, AR232: 3, AR211: 3, AR289: 2, AR283: 2, AR223: 2, AR055: 2, AR217: 2, AR222: 2, AR171: 2, AR235: 2, AR210: 2, AR061: 2, AR172: 1, AR216: 1, AR246: 1, AR221: 1 S0052: 2 and H0393: 1.
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206	HFVIC62	799525	216	AR226: 14, AR238: 10, AR217: 8, AR296: 8, AR239: 7, AR295: 7, AR225: 6, AR266: 6, AR214: 5, AR232: 5, AR161: 5,

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208	HFXDJ75	626114	218	AR055: 15, AR060: 14, AR299: 8, AR089: 7, AR283: 7, AR104: 7, AR185: 7, AR096: 6, AR277: 5, AR300: 5, AR282: 5, AR316: 5, AR039: 5, AR218: 3, AR240: 3, AR169: 3, AR217: 3, AR178: 3, AR266: 2, AR267: 2, AR313: 2, AR309: 2, AR221: 2, AR053: 2, AR197: 2, AR257: 2, AR219: 2, AR177: 2, AR288: 2, AR182: 2, AR228: 2, AR201: 2, AR180: 2, AR237: 2, AR286: 2, AR176: 2, AR170: 2, AR296: 2, AR238: 2, AR263: 2, AR247: 2, AR162: 2, AR246: 2, AR274: 2, AR268: 2, AR255: 2, AR236: 2, AR161: 2, AR233: 2, AR289: 2, AR293: 2, AR163: 2, AR229: 2, AR191: 2, AR213: 2, AR239: 2, AR171: 2, AR227: 1, AR188: 1, AR165: 1, AR231: 1, AR294: 1, AR164: 1, AR190: 1, AR179: 1, AR181: 1, AR291: 1, AR166: 1, AR196: 1, AR290: 1, AR189: 1, AR210: 1, AR225: 1, AR261: 1, AR193: 1, AR175: 1, AR173: 1, AR235: 1, AR174: 1, AR230: 1, AR200: 1, AR297: 1, AR270: 1, AR192: 1 S0001: 2
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	HHBCS39	847543	729	
223	HHEAA08	638231	233	AR192: 9, AR246: 7, AR217: 7, AR224: 7, AR214: 7, AR197: 7, AR207: 6, AR250: 6, AR195: 6, AR216: 6, AR169: 6, AR039: 6, AR089: 6, AR271: 6, AR223: 5, AR312: 5, AR212: 5, AR313: 5, AR222: 5, AR282: 5, AR165: 5, AR196: 5, AR053: 5, AR162: 5, AR161: 5, AR164: 5, AR166: 5, AR254: 5, AR263: 5, AR193: 5, AR225: 5, AR309: 5, AR163: 5, AR311: 5, AR205: 5, AR299: 5, AR235: 4, AR243: 4, AR295: 4, AR264: 4, AR274: 4, AR245: 4, AR300: 4, AR213: 4, AR172: 4, AR275: 4, AR201: 4, AR191: 4, AR060: 4, AR308: 4, AR175: 4, AR261: 4, AR240: 4, AR221: 4, AR296: 4, AR174: 4, AR316: 4, AR178: 4, AR171: 4, AR272: 4, AR242: 4, AR199: 4, AR177: 3, AR096: 3, AR288: 3, AR168: 3, AR033: 3, AR104: 3, AR291: 3, AR257: 3, AR200: 3, AR188: 3, AR218: 3, AR173: 3, AR183: 3, AR285: 3, AR198: 3, AR180: 3, AR189: 3, AR283: 3, AR270: 3, AR268: 3, AR262: 3, AR247: 3, AR293: 3, AR286: 3, AR297: 3, AR238: 3, AR236: 3, AR185: 3, AR237: 3, AR190: 3, AR181: 3, AR258: 2, AR226: 2, AR182: 2, AR232: 2, AR287: 2, AR277: 2, AR289: 2, AR203: 2, AR266: 2, AR294: 2, AR267: 2, AR290: 2, AR204: 2, AR239: 2, AR255: 2, AR231: 2, AR229: 2, AR233: 2, AR256: 2, AR269: 2, AR210: 2, AR219: 2, AR234: 2, AR179: 2, AR227: 2, AR211: 1, AR055: 1, AR260: 1, AR230: 1, AR253: 1, AR061: 1, AR228: 1, AR215: 1 H0341: 1 and H0542: 1.
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224	HHEMA59	823100	234	AR226: 23, AR238: 16, AR227: 15, AR237: 11, AR173: 9, AR313: 8, AR161: 8, AR162: 7, AR239: 7, AR165: 7, AR164: 7, AR163: 7, AR166: 7, AR089: 7, AR175: 6, AR178: 6, AR180: 5, AR183: 5, AR247: 5, AR169: 5, AR240: 4, AR196: 4, AR300: 4, AR269: 4, AR270: 4, AR204: 4, AR312: 4, AR215: 4, AR268: 4, AR282: 4, AR182: 4, AR179: 4, AR271: 4, AR275: 4, AR096: 4, AR242: 4, AR191: 4, AR177: 4, AR185: 4, AR198: 4, AR264: 4, AR258: 4, AR174: 3, AR181: 3, AR253: 3, AR189: 3, AR316: 3, AR061: 3, AR060: 3, AR267: 3, AR263: 3, AR218: 3, AR104: 3, AR172: 3, AR260: 3, AR212: 3, AR257: 3, AR219: 3, AR229: 3, AR233: 3, AR299: 3, AR216: 3, AR039: 3, AR203: 3, AR053: 3, AR224: 2, AR188: 2, AR176: 2, AR243: 2, AR171: 2, AR266: 2, AR214: 2, AR033: 2, AR308: 2, AR289: 2, AR293: 2, AR232: 2, AR193: 2, AR234: 2, AR277: 2, AR168: 2, AR205: 2, AR195: 2, AR256: 2, AR311: 2, AR201: 2, AR283: 2, AR055: 1, AR213: 1, AR272: 1, AR222: 1, AR200: 1, AR296: 1, AR291: 1, AR288: 1, AR217: 1, AR199: 1, AR192: 1, AR211: 1, AR255: 1, AR190: 1, AR262: 1, AR286: 1 L0771: 5, L0766: 4, L0748: 4, L0754: 4, H0551: 3, S0003: 2, H0328: 2, H0615: 2, S0422: 2, H0144: 2, L0438: 2, S0013: 2, L0747: 2, L0756: 2, L0759: 2, H0170: 1, S6024: 1, H0656: 1, S0110: 1, H0662: 1, H0176: 1, S0356: 1, S0360: 1, L0717: 1, S6016: 1, S0222: 1, H0438: 1, H0156: 1, H0575: 1, H0036: 1, H0318: 1, H0581: 1, H0020: 1, H0031: 1, S0036: 1, S0294: 1, S0002: 1, L0770: 1, L0638: 1, L0662: 1, L0774: 1, L0652: 1, L0655: 1, L0606: 1, L0659: 1, L0663: 1, S0216: 1, H0648: 1, H0651: 1, H0539: 1, S0152: 1, H0522: 1, L0777: 1, L0731: 1, S0031: 1, L0581: 1, S0192: 1, S0194: 1, H0543: 1 and H0423: 1.
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	HHEMM74	902458	732	
	HHEMM74	895682	733	
227	HHENQ22	589958	237	AR197: 6, AR039: 3, AR253: 3, AR205: 2, AR170: 2, AR215: 2, AR089: 2, AR230: 2, AR309: 2, AR207: 2, AR225: 2, AR269: 2, AR172: 2, AR216: 2, AR252: 2, AR096: 1, AR243: 1, AR178: 1, AR282: 1, AR257: 1, AR263: 1, AR163: 1, AR193: 1, AR161: 1, AR162: 1, AR268: 1, AR272: 1, AR231: 1, AR246: 1 H0543: 1

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232	HHFBY53	821330	242	AR191: 5, AR201: 4, AR215: 4, AR060: 3, AR188: 3, AR289: 2, AR255: 2, AR233: 2, AR274: 2, AR180: 2, AR193: 2, AR283: 2, AR033: 1, AR296: 1, AR240: 1, AR172: 1, AR089: 1, AR277: 1, AR312: 1, AR224: 1, AR225: 1, AR199: 1, AR210: 1, AR282: 1 S0360: 3, H0670: 3, H0556: 2, H0292: 2, H0686: 1, H0685: 1, S0134: 1, S0116: 1, H0662: 1, H0640: 1, S0300: 1, H0586: 1, H0642: 1, L0622: 1, L0586: 1, H0253: 1, H0050: 1, H0057: 1, T0006: 1, L0653: 1, L0657: 1, L0659: 1, L0787: 1, L0666: 1, L0663: 1, H0547: 1, H0659: 1, H0648: 1, H0436: 1, L0748: 1, L0362: 1, L0361: 1, H0653: 1, H0542: 1, H0423: 1 and H0422: 1.
233	HHFEC49	905849	243	AR089: 11, AR060: 10, AR104: 10, AR055: 9, AR039: 8, AR096: 7, AR219: 7, AR218: 6, AR316: 6, AR185: 5, AR282: 4, AR313: 4, AR299: 4, AR283: 4, AR300: 4, AR225: 3, AR240: 3, AR195: 3, AR277: 3, AR243: 3, AR296: 2, AR223: 2, AR224: 2, AR171: 1, AR193: 1, AR180: 1, AR033: 1, AR212: 1, AR172: 1, AR257: 1, AR178: 1, AR201: 1 H0050: 4, S0126: 4, H0521: 4, L0747: 4, H0013: 3, S0003: 3, L0768: 3, L0666: 3, H0670: 3, S0152: 3, L0731: 3, L0759: 3, L0599: 3, S0192: 3, H0657: 2, H0255: 2, S0442: 2, S0360: 2, H0575: 2, H0271: 2, H0059: 2, L0766: 2, H0520: 2, H0519: 2, L0749: 2, L0752: 2, S0436: 2, L0590: 2, L0601: 2, H0667: 2, H0170: 1, H0686: 1, H0713: 1, S0114: 1, H0483: 1, H0662: 1, S0418: 1, S0420: 1, S0356: 1, S0358: 1, S0376: 1, S0132: 1, H0645: 1, S6026: 1, H0331: 1, H0485: 1, H0427: 1, S0280: 1, L0021: 1, H0042: 1, S0010: 1, H0052: 1, H0123: 1, H0012: 1, H0024: 1, H0051: 1, S0388: 1, H0355: 1, L0295: 1, H0179: 1, S0214: 1, H0252: 1, T0006: 1, S0036: 1, H0616: 1, H0551: 1, H0264: 1, T0042: 1, H0494: 1, S0016: 1, H0560: 1, H0561: 1, S0370: 1, S0438: 1, H0633: 1, H0652: 1, S0210: 1, L0770: 1, L3904: 1, L0667: 1, L0662: 1, L0794: 1, L0804: 1, L0775: 1, L0776: 1, L0661: 1, L0809: 1, L0791: 1, S0052: 1, H0702: 1, S0374: 1, H0435: 1, H0660: 1, S0330: 1, S0044: 1, S0406: 1, H0576: 1, H0631: 1, S3014: 1, S0206: 1, L0756: 1, L0779: 1, L0596: 1, L0592: 1, S0242: 1 and H0506: 1.
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236	HHFHJ59	411332	246	AR241: 5, AR249: 5, AR310: 5, AR186: 4, AR251: 4, AR052: 4, AR282: 3, AR171: 3, AR055: 3, AR309: 3, AR224: 3, AR176: 3, AR033: 3, AR248: 3, AR184: 3, AR206: 3, AR247: 3, AR061: 2, AR312: 2, AR180: 2, AR253: 2, AR183: 2, AR204: 2, AR265: 2, AR217: 2, AR295: 2, AR299: 2, AR188: 2, AR264: 2, AR268: 2, AR292: 2, AR198: 2, AR238: 2, AR233: 1, AR213: 1, AR182: 1, AR235: 1, AR277: 1, AR060: 1, AR291: 1, AR286: 1, AR178: 1, AR053: 1, AR165: 1, AR259: 1, AR226: 1, AR166: 1, AR267: 1, AR237: 1, AR257: 1, AR089: 1, AR313: 1, AR293: 1, AR294: 1, AR234: 1, AR231: 1, AR266: 1, AR230: 1, AR296: 1, AR163: 1, AR298: 1, AR162: 1, AR283: 1, AR300: 1, AR269: 1, AR096: 1, AR185: 1, AR161: 1, AR200: 1, AR232: 1 L0748: 9, H0620: 6, L0439: 6, L0766: 5, L0774: 5, H0657: 4, L0758: 4, S0358: 3, H0617: 3, L0740: 3, L0747: 3, L0752: 3, S0360: 2, S0278: 2, H0492: 2, H0150: 2, H0102: 2, L0769: 2, L0662: 2, L0806: 2, L0527: 2, H0696: 2, S3014: 2, L0756: 2, L0755: 2, L0731: 2, L0759: 2, L0591: 2, H0422: 2, H0556: 1, H0295: 1, H0656: 1, H0341: 1, H0661: 1, S0418: 1, S0420: 1, S0356: 1, S0410: 1, L0717: 1, H0575: 1, H0318: 1, H0421: 1, S0049: 1, H0597: 1, H0545: 1, H0050: 1, H0012: 1, L0492: 1, H0239: 1, H0594: 1, H0424: 1, H0181: 1, H0165: 1, H0413: 1, H0059: 1, L0370: 1, S0294: 1, S0422: 1, H0529: 1, L0763: 1, L0770: 1, L0639: 1, L0771: 1, L0773: 1, L0767: 1, L0768: 1, L0775: 1, L0651: 1, L0376: 1, L0776: 1, L0655: 1, L0657: 1, L0659: 1, L0542: 1, L0526: 1, L0783: 1, L0809: 1, L0529: 1, L0663: 1, L0665: 1, H0144: 1, S0374: 1, H0693: 1, L0438: 1, S0330: 1, S0380: 1, H0134: 1, L0749: 1, L0750: 1, L0786: 1, L0777: 1, H0543: 1 and S0452: 1.
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238	HHFOJ29	1127491	248	AR060: 6, AR055: 5, AR300: 5, AR096: 5, AR283: 5, AR313: 5, AR185: 4, AR104: 4, AR240: 4, AR218: 4, AR316: 4, AR299: 4, AR039: 4, AR089: 3, AR282: 3, AR277: 3, AR219: 2 L0758: 4, H0556: 3, L0779: 3, H0618: 2, L0751: 2,

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	HHFOJ29	1042456	738	
239	HHGBO91	520198	249	AR173: 14, AR313: 13, AR161: 12, AR162: 12, AR165: 12, AR242: 12, AR163: 11, AR175: 11, AR166: 11, AR164: 11, AR247: 11, AR183: 10, AR178: 10, AR229: 10, AR193: 9, AR196: 9, AR257: 9, AR179: 8, AR262: 8, AR293: 8, AR258: 8, AR180: 8, AR182: 8, AR270: 8, AR181: 8, AR238: 8, AR192: 8, AR269: 8, AR174: 7, AR199: 7, AR201: 7, AR296: 7, AR240: 7, AR176: 7, AR197: 7, AR300: 7, AR191: 7, AR226: 7, AR236: 7, AR268: 6, AR204: 6, AR198: 6, AR297: 6, AR299: 6, AR250: 6, AR274: 6, AR234: 6, AR264: 6, AR285: 6, AR195: 6, AR053: 6, AR312: 6, AR233: 6, AR294: 6, AR089: 5, AR287: 5, AR212: 5, AR207: 5, AR203: 5, AR177: 5, AR245: 5, AR255: 5, AR189: 5, AR275: 5, AR271: 5, AR243: 5, AR200: 5, AR266: 5, AR096: 5, AR239: 5, AR228: 4, AR205: 4, AR237: 4, AR267: 4, AR260: 4, AR188: 4, AR231: 4, AR286: 4, AR246: 4, AR282: 4, AR290: 4, AR288: 4, AR218: 4, AR261: 4, AR213: 4, AR295: 4, AR291: 4, AR253: 4, AR033: 4, AR185: 4, AR254: 4, AR039: 4, AR230: 3, AR289: 3, AR309: 3, AR316: 3, AR311: 3, AR190: 3, AR308: 3, AR272: 3, AR277: 3, AR169: 3, AR256: 3, AR214: 3, AR232: 3, AR222: 3, AR227: 3, AR060: 3, AR263: 3, AR219: 3, AR170: 2, AR211: 2, AR061: 2, AR223: 2, AR172: 2, AR283: 2, AR171: 1, AR210: 1, AR235: 1, AR104: 1, AR225: 1, AR224: 1, AR216: 1 H0333: 1, H0597: 1 and H0670: 1.
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	HHPGO40	560969	741	
246	HHPTJ65	490904	256	AR104: 5, AR252: 4, AR254: 4, AR235: 3, AR180: 3, AR225: 3, AR055: 2, AR165: 2, AR060: 2, AR166: 2, AR274: 2, AR277: 2, AR204: 2, AR182: 2, AR053: 2, AR282: 2, AR164: 2, AR257: 2, AR223: 2, AR264: 2, AR240: 2, AR266: 1, AR168: 1, AR294: 1, AR286: 1, AR177: 1, AR275: 1, AR243: 1, AR269: 1, AR039: 1, AR175: 1, AR288: 1, AR089: 1, AR289: 1, AR229: 1 L0805: 14, L0439: 8, L0770: 5, L0438: 5, L0752: 5, L0776: 3, L0759: 3, S0010: 2, L0769: 2, L0771: 2, L0745: 2, L0777: 2, L0753: 2, L3111: 1, S6026: 1, S0300: 1, H0351: 1, H0333: 1, H0563: 1, S6028: 1, S0036: 1, H0413: 1, S0112: 1, S0210: 1, L0640: 1, L4747: 1, L0800: 1, L0774: 1, L0659: 1, L0792: 1, S3014: 1, L0741: 1, L0750: 1, L0756: 1, L0780: 1, S0194: 1 and S0276: 1.
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	HJACG30	774300	744	
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	HJPCP42	852573	746	
	HJPCP42	824612	747	

259	HKAAE44	564406	269	AR249: 3, AR215: 3, AR263: 3, AR184: 3, AR171: 3, AR282: 3, AR224: 3, AR214: 2, AR205: 2, AR166: 2, AR172: 2, AR310: 2, AR197: 2, AR217: 2, AR168: 2, AR222: 2, AR198: 2, AR274: 1, AR053: 1, AR189: 1, AR238: 1, AR297: 1, AR161: 1, AR165: 1, AR216: 1, AR295: 1, AR265: 1, AR178: 1, AR275: 1, AR225: 1, AR293: 1, AR272: 1, AR239: 1, AR194: 1, AR193: 1 S0007: 5, L0742: 5, L0731: 5, S0444: 4, L0769: 4, L0766: 4, L0740: 4, L0747: 4, L0749: 4, L0756: 4, L0596: 4, H0031: 3, L0065: 3, L0775: 3, L0809: 3, S0126: 3, L0759: 3, S0354: 2, H0438: 2, H0083: 2, L0371: 2, L0770: 2, L0772: 2, L0803: 2, L0776: 2, L0783: 2, H0555: 2, L0439: 2, L0755: 2, L0758: 2, S0436: 2, L0591: 2, S0011: 2, H0556: 1, H0685: 1, H0656: 1, H0341: 1, S0418: 1, S0442: 1, S0358: 1, S0360: 1, H0735: 1, H0331: 1, H0632: 1, H0013: 1, H0349: 1, H0546: 1, H0566: 1, S0022: 1, H0135: 1, H0040: 1, H0616: 1, S0386: 1, H0494: 1, S0438: 1, H0130: 1, H0646: 1, L0637: 1, L3905: 1, L0761: 1, L0372: 1, L0800: 1, L0767: 1, L0794: 1, L0517: 1, L0647: 1, L0666: 1, L0663: 1, H0144: 1, T0068: 1, H0520: 1, H0690: 1, S0330: 1, H0521: 1, S3012: 1, L0777: 1, H0543: 1 and H0352: 1.
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	HKAAH36	1352330	749	
	HKAAH36	836040	750	
	HKAAH36	838068	751	
	HKAAH36	815661	752	
	HKAAH36	590734	753	
261	HKAAK02	589945	271	AR215: 6, AR169: 5, AR235: 5, AR263: 5, AR207: 5, AR225: 5, AR222: 5, AR217: 5, AR172: 4, AR192: 4, AR224: 4, AR214: 4, AR161: 4, AR223: 4, AR213: 4, AR162: 4, AR309: 4, AR165: 4, AR264: 4, AR282: 4, AR089: 4, AR242: 4, AR171: 4, AR308: 4, AR166: 4, AR197: 4, AR311: 4, AR170: 4, AR240: 4, AR221: 3, AR216: 3, AR164: 3, AR195: 3, AR168: 3, AR163: 3, AR053: 3, AR254: 3, AR205: 3, AR299: 3, AR212: 3, AR177: 3, AR250: 3, AR060: 3, AR312: 2, AR096: 2, AR176: 2, AR198: 2, AR271: 2, AR196: 2, AR275: 2, AR316: 2, AR261: 2, AR193: 2, AR236: 2, AR274: 2,

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266	HKACH44	545015	276	AR207: 29, AR263: 28, AR311: 26, AR264: 24, AR235: 24, AR223: 22, AR196: 22, AR212: 22, AR261: 21, AR195: 21, AR309: 21, AR192: 21, AR222: 20, AR198: 19, AR245: 19, AR224: 19, AR214: 18, AR213: 18, AR246: 18, AR169: 18, AR217: 18, AR295: 17, AR168: 17, AR236: 17, AR201: 17, AR172: 17, AR053: 17, AR171: 17, AR197: 17, AR221: 17, AR163: 17, AR170: 16, AR177: 16, AR216: 16, AR193: 16, AR288: 16, AR165: 16, AR215: 15, AR089: 15, AR312: 15, AR285: 15, AR055: 15, AR164: 15, AR240: 15, AR286: 15, AR282: 15, AR161: 14, AR225: 14, AR272: 14, AR162: 14, AR297: 14, AR308: 14, AR033: 13, AR271: 13, AR039: 13, AR199: 12, AR252: 12, AR316: 12, AR218: 12, AR275: 12, AR210: 12, AR174: 12, AR211: 12, AR250: 12, AR060: 11, AR291: 11, AR277: 11, AR205: 11, AR287: 11, AR283: 11, AR188: 11, AR258: 11, AR293: 11, AR242: 11, AR189: 10, AR299: 10, AR183: 10, AR200: 10, AR262: 10, AR289: 10, AR234: 10, AR176: 10, AR191: 9, AR253: 9, AR181: 9, AR096: 9, AR175: 9, AR185: 9, AR296: 9, AR219: 9, AR204: 9, AR190: 9, AR247: 9, AR268: 9, AR300: 9, AR243: 9, AR232: 9, AR166: 9, AR239: 9, AR313: 8, AR173: 8, AR274: 8, AR226: 8, AR203: 8, AR269: 8, AR233: 8, AR104: 8, AR255: 8, AR227: 8, AR229: 8, AR260: 8, AR294: 8, AR178: 7, AR257: 7, AR180: 7, AR231: 7, AR238: 7, AR230: 7, AR254: 7, AR179: 7, AR290: 6, AR270: 6, AR266: 6, AR061: 6, AR256: 6, AR228: 6, AR182: 6, AR237: 6, AR267: 5 L0769: 3, L0809: 2, L0750: 2, H0663: 1, S0356: 1, S0360: 1, S6026: 1, S0278: 1, H0559: 1, H0486: 1, H0618: 1, H0024: 1, H0606: 1, H0494: 1, H0560: 1, H0538: 1, L0646: 1, L0800: 1, L0764: 1, L0662: 1, L0794: 1, L0766: 1, L0803: 1, L0656: 1, L0664: 1, H0547: 1, H0672: 1, S0328: 1, L0757: 1 and H0543: 1.
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	HKACM93	906154	758	
	HKACM93	906150	759	
268	HKAEL80	570865	278	AR313: 19, AR196: 18, AR173: 17, AR162: 13, AR161: 13, AR163: 13, AR180: 13, AR300: 12, AR247: 12, AR242: 12, AR175: 12, AR089: 12, AR299: 12, AR096: 12, AR293: 12, AR199: 11, AR229: 11, AR192: 11, AR183: 11, AR178: 10,

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	HKAFT66	904790	762	
272	HKDBF34	833065	282	AR060: 22, AR244: 10, AR194: 8, AR241: 8, AR238: 6, AR281: 6, AR192: 6, AR206: 6, AR205: 6, AR246: 6, AR202: 5, AR282: 5, AR182: 5, AR271: 5, AR243: 5, AR277: 4, AR232: 4, AR283: 4, AR226: 4, AR266: 4, AR316: 3, AR251: 3, AR186: 3, AR234: 3, AR053: 3, AR227: 3, AR237: 3, AR284: 3, AR310: 3, AR269: 3, AR204: 3, AR247: 3, AR231: 3, AR184: 3, AR052: 3, AR198: 3, AR183: 3, AR229: 3, AR313: 3, AR275: 3, AR061: 3, AR312: 2, AR273: 2, AR286: 2, AR295: 2, AR240: 2, AR298: 2, AR039: 2, AR104: 2, AR299: 2, AR055: 2, AR267: 2, AR289: 2, AR285: 2, AR270: 2,

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273	HKGAT94	762811	283	AR221: 15, AR313: 12, AR173: 9, AR196: 9, AR299: 9, AR240: 8, AR247: 8, AR089: 7, AR175: 7, AR096: 7, AR217: 7, AR212: 7, AR168: 7, AR219: 7, AR162: 6, AR161: 6, AR171: 6, AR178: 6, AR262: 6, AR293: 6, AR183: 6, AR165: 6, AR166: 6, AR172: 6, AR164: 6, AR257: 6, AR163: 6, AR258: 6, AR218: 6, AR199: 6, AR179: 6, AR216: 6, AR300: 5, AR180: 5, AR170: 5, AR238: 5, AR270: 5, AR234: 5, AR282: 5, AR185: 5, AR213: 5, AR229: 5, AR297: 5, AR264: 5, AR274: 5, AR296: 5, AR169: 5, AR269: 5, AR191: 5, AR189: 5, AR188: 5, AR275: 5, AR316: 5, AR203: 5, AR290: 4, AR033: 4, AR200: 4, AR285: 4, AR236: 4, AR182: 4, AR181: 4, AR277: 4, AR309: 4, AR214: 4, AR231: 4, AR266: 4, AR174: 4, AR261: 4, AR210: 4, AR226: 4, AR177: 4, AR060: 4, AR211: 4, AR291: 4, AR287: 4, AR295: 4, AR225: 4, AR263: 4, AR272: 4, AR308: 4, AR268: 4, AR245: 4, AR286: 4, AR294: 4, AR260: 3, AR312: 3, AR190: 3, AR311: 3, AR288: 3, AR230: 3, AR195: 3, AR246: 3, AR254: 3, AR233: 3, AR237: 3, AR267: 3, AR053: 3, AR039: 3, AR193: 3, AR239: 3, AR255: 3, AR243: 3, AR176: 3, AR055: 3, AR228: 3, AR205: 2, AR289: 2, AR227: 2, AR104: 2, AR201: 2, AR204: 2, AR271: 2, AR215: 2, AR283: 2, AR235: 1, AR256: 1, AR061: 1, AR242: 1, AR232: 1, AR198: 1 H0166: 1, H0538: 1, L0657: 1, L0809: 1, L0665: 1, H0539: 1 and L0748: 1.
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274	HKGCO27	601969	284	AR170: 6, AR282: 6, AR235: 5, AR180: 5, AR215: 5, AR225: 4, AR263: 4, AR053: 4, AR271: 4, AR161: 4, AR162: 4, AR163: 4, AR165: 4, AR207: 4, AR164: 4, AR264: 3, AR166: 3, AR254: 3, AR269: 3, AR272: 3, AR089: 3, AR224: 3, AR312: 3, AR313: 3, AR311: 3, AR223: 3, AR169: 3, AR196: 3, AR308: 3, AR295: 3, AR177: 2, AR216: 2, AR171: 2, AR212: 2, AR252: 2, AR060: 2, AR277: 2, AR176: 2, AR185: 2, AR175: 2, AR288: 2, AR297: 2, AR178: 2, AR285: 2, AR262: 2, AR299: 2, AR236: 2, AR247: 2, AR033: 2, AR316: 2, AR189: 2, AR214: 2, AR309: 2, AR261: 2, AR191: 2, AR181: 2, AR257: 2, AR213: 2, AR174: 2, AR200: 2, AR188: 2, AR294: 2, AR195: 2, AR293: 2, AR240: 2, AR287: 2, AR055: 1, AR168: 1, AR190: 1, AR210: 1, AR229: 1, AR234: 1, AR096: 1, AR199: 1, AR233: 1, AR246: 1, AR104: 1, AR182: 1, AR238: 1, AR267: 1, AR289: 1, AR203: 1, AR283: 1, AR300: 1, AR258: 1, AR266: 1, AR290: 1, AR172: 1, AR291: 1, AR268: 1 H0538: 1
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275	HKISB57	625956	285	AR161: 12, AR162: 12, AR163: 12, AR165: 12, AR164: 11, AR166: 11, AR089: 8, AR225: 7, AR178: 6, AR183: 6, AR172: 6, AR300: 5, AR224: 5, AR181: 5, AR221: 5, AR223: 5, AR170: 5, AR299: 5, AR039: 4, AR291: 4, AR096: 4, AR268: 4, AR275: 4, AR286: 4, AR274: 4, AR055: 4, AR247: 4, AR222: 4, AR269: 4, AR258: 4, AR257: 4, AR179: 3, AR240: 3, AR242: 3, AR173: 3, AR182: 3, AR262: 3, AR270: 3, AR272: 3, AR189: 3, AR316: 3, AR267: 3, AR175: 3, AR245: 3, AR313: 3, AR287: 3, AR296: 3, AR231: 2, AR210: 2, AR171: 2, AR190: 2, AR217: 2, AR205: 2, AR277: 2, AR230: 2, AR295: 2, AR290: 2, AR263: 2, AR060: 2, AR309: 2, AR191: 2, AR228: 2, AR229: 2, AR104: 2, AR261: 2, AR288: 2, AR174: 2, AR282: 2, AR246: 2, AR255: 2, AR312: 2, AR237: 2, AR169: 2, AR193: 2, AR271: 2, AR201: 2, AR233: 2, AR239: 2, AR197: 1, AR061: 1, AR226: 1, AR177: 1, AR213: 1, AR195: 1, AR033: 1, AR188: 1, AR238: 1, AR196: 1, AR185: 1, AR293: 1, AR176: 1, AR234: 1, AR227: 1 L0747: 5, L0731: 5, H0031: 4, L0599: 4, S0045: 3,

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	HKMLP68	583524	767	
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	HLHFR58	894001	775	
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	HMUAP70	674913	789	
	HMUAP70	646810	790	
	HMUAP70	381964	791	
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	HNHEI42	823723	800	
389	HNHFO29	463568	399	AR089: 9, AR313: 8, AR039: 8, AR060: 7, AR268: 6, AR299: 6, AR096: 6, AR310: 5, AR055: 5, AR249: 5, AR291: 5, AR185: 5, AR186: 4, AR104: 4, AR277: 4, AR052: 4, AR309: 4, AR316: 4, AR270: 4, AR282: 4, AR061: 4, AR162: 4, AR161: 4, AR165: 4, AR164: 3, AR269: 3, AR235: 3, AR300: 3, AR289: 3, AR166: 3, AR170: 3, AR183: 3, AR272: 3, AR271: 3, AR182: 3, AR283: 3, AR184: 3, AR053: 3, AR218: 3, AR312: 3, AR176: 3, AR298: 3, AR251: 3, AR248: 3, AR266: 3, AR169: 3, AR163: 3, AR240: 3, AR247: 3, AR180: 3, AR172: 3, AR173: 3, AR284: 2, AR296: 2, AR253: 2, AR292: 2, AR219: 2, AR263: 2, AR245: 2, AR233: 2, AR229: 2, AR294: 2, AR286: 2, AR308: 2, AR228: 2, AR033: 2, AR293: 2, AR201: 2, AR225: 2, AR174: 2, AR234: 2, AR237: 2, AR181: 2, AR231: 2, AR238: 2, AR262: 2, AR175: 2, AR197: 2, AR223: 2, AR206: 2, AR177: 2, AR198: 2, AR285: 2, AR188: 2, AR171: 1, AR295: 1, AR214: 1, AR196: 1, AR243: 1, AR226: 1, AR297: 1, AR204: 1, AR227: 1, AR287: 1, AR274: 1, AR230: 1, AR179: 1, AR239: 1, AR210: 1, AR190: 1, AR264: 1, AR222: 1, AR290: 1, AR257: 1, AR241: 1, AR191: 1 T0042: 1 and S0053: 1.
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412	HOEBZ89	828177	422	AR313: 16, AR039: 13, AR089: 10, AR096: 9, AR299: 9, AR166: 8, AR229: 7, AR312: 7, AR161: 7, AR165: 7, AR300: 7, AR104: 7, AR162: 6, AR238: 6, AR164: 6, AR163: 6, AR252: 6, AR060: 6, AR316: 5, AR226: 5, AR257: 5, AR242: 5, AR225: 5, AR204: 5, AR192: 5, AR185: 5, AR277: 5, AR247: 5, AR293: 5, AR198: 4, AR286: 4, AR269: 4, AR055: 4, AR264: 4, AR205: 4, AR237: 4, AR240: 4, AR219: 4, AR266: 4, AR212: 4, AR176: 4, AR294: 4, AR296: 4, AR213: 4, AR207: 4, AR297: 4, AR218: 4, AR262: 4, AR234: 4, AR308: 3, AR243: 3, AR233: 3, AR268: 3, AR263: 3, AR230: 3, AR288: 3, AR191: 3, AR261: 3, AR239: 3, AR181: 3, AR274: 3, AR270: 3, AR267: 3, AR177: 3, AR282: 3, AR309: 3, AR170: 3, AR275: 3, AR285: 3, AR174: 3, AR183: 3, AR180: 3, AR178: 3, AR196: 2, AR227: 2, AR228: 2, AR311: 2, AR283: 2, AR203: 2, AR295: 2, AR053: 2, AR231: 2, AR258: 2, AR182: 2, AR255: 2, AR232: 2, AR172: 2, AR173: 2, AR199: 2, AR250: 2, AR271: 2, AR189: 2, AR179: 2, AR246: 2, AR236: 2, AR195: 2, AR169: 2, AR272: 2, AR200: 2, AR290: 2, AR175: 2, AR193: 2, AR061: 2, AR188: 2, AR289: 2, AR224: 2, AR235: 2, AR216: 2, AR215: 2, AR197: 2, AR223: 1, AR190: 1, AR287: 1, AR291: 1, AR217: 1, AR260: 1, AR222: 1, AR033: 1 L0749: 11, L0748: 8, S0360: 3, S0408: 3, L0646: 3, L0764: 3, S0354: 2, L0777: 2, H0556: 1, S0358: 1, S0444: 1, H0580: 1, H0486: 1, L0022: 1, H0687: 1, H0561: 1, L0800: 1, L0643: 1, L0654: 1, L0807: 1, L0789: 1, L0663: 1, T0068: 1, S0126: 1, H0521: 1, H0522: 1, L0750: 1, L0779: 1, H0542: 1 and H0506: 1.
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414	HOEDE28	1036480	424	AR242: 70, AR192: 63, AR313: 60, AR173: 49, AR229: 48, AR196: 44, AR300: 44, AR218: 43, AR175: 41, AR236: 40, AR177: 39, AR183: 38, AR181: 38, AR178: 38, AR180: 37, AR240: 36, AR258: 36, AR262: 36, AR039: 35, AR247: 35, AR089: 35, AR193: 34, AR204: 33, AR198: 33, AR257: 33, AR191: 32, AR200: 32, AR174: 32, AR234: 31, AR096: 31, AR199: 30, AR299: 30, AR162: 30, AR182: 30, AR188: 29, AR161: 29, AR293: 28, AR164: 28, AR163: 28, AR179: 28, AR233: 27, AR238: 27, AR197: 27, AR219: 27, AR203: 27, AR261: 27, AR285: 26, AR195: 26, AR269: 26, AR270: 26, AR165: 25, AR185: 25, AR245: 25, AR226: 24, AR166: 24, AR296: 24, AR189: 23, AR264: 23, AR230: 23, AR316: 23, AR294: 23, AR297: 23, AR271: 22, AR260: 21, AR243: 21, AR207: 21, AR237: 21, AR235: 21, AR231: 20, AR176: 20, AR312: 20, AR295: 20, AR268: 19, AR060: 19, AR267: 19, AR286: 18, AR275: 18, AR255: 18, AR228: 18, AR287: 17, AR053: 17, AR277: 17, AR201: 17, AR212: 17, AR288: 15, AR190: 15, AR256: 15, AR309: 15, AR213: 14, AR254: 14, AR282: 14, AR274: 14, AR239: 13, AR033: 13, AR205: 13, AR227: 13, AR290: 12, AR291: 12, AR289: 11, AR250: 11, AR246: 11, AR266: 11, AR232: 10, AR211: 10, AR104: 10, AR308: 10, AR252: 9, AR210: 9, AR311: 9, AR253: 9, AR263: 8, AR055: 7, AR283: 6, AR061: 6, AR168: 5, AR272: 4, AR216: 4, AR215: 4, AR217: 4, AR225: 4, AR222: 4, AR214: 3, AR172: 3, AR171: 3, AR224: 2 H0620: 17, H0012: 10, H0250: 9, L0748: 8, S0360: 6, L0659: 6, L0744: 5,

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415	HOEDH84	748236	425	AR170: 4, AR221: 3, AR266: 3, AR033: 3, AR296: 3, AR176: 3, AR311: 2, AR183: 2, AR180: 2, AR286: 2, AR233: 2, AR204: 2, AR232: 2, AR257: 1, AR216: 1, AR291: 1, AR300: 1, AR255: 1, AR172: 1, AR283: 1, AR299: 1, AR225: 1, AR270: 1 S0126: 3, L0731: 2, S0040: 1, S0356: 1, H0370: 1, H0031: 1 and H0633: 1.
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417	HOFMQ33	1184465	427	AR205: 90, AR212: 77, AR245: 75, AR274: 68, AR272: 67, AR216: 65, AR246: 62, AR252: 60, AR308: 59, AR213: 59, AR214: 55, AR312: 54, AR215: 54, AR197: 50, AR309: 50, AR254: 50, AR053: 50, AR217: 49, AR171: 49, AR221: 49, AR195: 48, AR311: 45, AR225: 45, AR223: 44, AR264: 44, AR170: 44, AR189: 44, AR199: 43, AR210: 43, AR263: 43, AR168: 43, AR247: 43, AR243: 41, AR224: 41, AR172: 41, AR253: 40, AR222: 40, AR169: 39, AR164: 37, AR250: 37, AR174: 37, AR271: 36, AR166: 36, AR198: 36, AR165: 36, AR201: 34, AR188: 34, AR162: 34, AR190: 32, AR163: 32, AR242: 32, AR161: 32, AR204: 29, AR193: 28, AR173: 27, AR192: 26, AR313: 26, AR236: 25, AR291: 24, AR177: 24, AR275: 24, AR290: 24, AR256: 23, AR039: 22, AR262: 22, AR096: 22, AR191: 22, AR240: 22, AR219: 22, AR200: 22, AR185: 22, AR179: 21, AR218: 21, AR089: 21, AR211: 20, AR300: 20, AR288: 20, AR175: 20, AR297: 20, AR289: 20, AR295: 19, AR255: 19, AR261: 19, AR299: 19, AR203: 19, AR207: 19, AR293: 18, AR196: 18, AR268: 17, AR237: 17, AR296: 17, AR258: 17, AR282: 16, AR316: 16, AR285: 16, AR231: 15, AR269: 15, AR257: 15, AR178: 14, AR234: 14, AR287: 14, AR181: 14, AR230: 14, AR033: 14, AR260: 14, AR267: 14, AR061: 14, AR233: 14, AR239: 14, AR183: 13, AR266: 13, AR270: 13, AR229: 13, AR286: 13, AR277: 12, AR180: 12, AR060: 12, AR238: 12, AR226: 12, AR232: 12, AR176: 12, AR227: 11, AR294: 11, AR228: 10, AR283: 9, AR235: 9, AR182: 8, AR104: 7, AR055: 5 H0415: 1

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	HOFMQ33	906694	809	
	HOFMQ33	902639	810	
	HOFMQ33	702186	811	
418	HOFMT75	911180	428	AR192: 4, AR225: 3, AR217: 2, AR235: 2, AR172: 2, AR171: 2, AR183: 2, AR254: 2, AR168: 2, AR266: 2, AR170: 1, AR309: 1, AR193: 1, AR180: 1, AR270: 1, AR175: 1, AR282: 1, AR165: 1, AR224: 1, AR277: 1, AR164: 1, AR300: 1, AR264: 1, AR039: 1, AR216: 1, AR291: 1, AR240: 1 H0415: 3, S0002: 2, S0212: 1, H0255: 1, S0358: 1, H0318: 1, H0045: 1, H0264: 1, S0144: 1, H0555: 1 and L0741: 1.
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	HOFMT75	892308	813	
	HOFMT75	892291	814	
419	HOFNC14	1352378	429	AR263: 5, AR171: 4, AR213: 4, AR282: 4, AR205: 3, AR169: 3, AR235: 3, AR246: 3, AR162: 2, AR161: 2, AR180: 2, AR221: 2, AR178: 2, AR176: 2, AR245: 2, AR287: 2, AR183: 2, AR163: 2, AR311: 2, AR089: 1, AR309: 1, AR264: 1, AR104: 1, AR033: 1, AR191: 1, AR230: 1 H0415: 1
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420	HOFND85	847424	430	AR165: 3, AR162: 3, AR170: 3, AR241: 3, AR221: 2, AR171: 2, AR169: 2, AR269: 2, AR201: 2, AR195: 2, AR164: 2, AR166: 2, AR272: 2, AR212: 2, AR180: 2, AR210: 2, AR193: 2, AR204: 2, AR236: 2, AR294: 2, AR246: 2, AR243: 2, AR199: 1, AR284: 1, AR203: 1, AR282: 1, AR310: 1, AR273: 1, AR161: 1, AR096: 1, AR163: 1, AR089: 1, AR183: 1, AR283: 1, AR288: 1
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	HOFOC33	902326	819	
	HOFOC33	885140	820	
	HOFOC33	806819	821	
423	HOFOC73	931871	433	AR294: 16, AR169: 6, AR245: 6, AR192: 6, AR170: 6, AR195: 6, AR263: 5, AR039: 5, AR164: 4, AR165: 4, AR215: 4, AR053: 4, AR266: 4, AR172: 4, AR161: 4, AR212: 4, AR162: 4, AR089: 4, AR222: 4, AR223: 4, AR213: 4, AR274: 4, AR261: 3, AR254: 3, AR272: 3, AR221: 3, AR264: 3, AR171: 3, AR205: 3, AR225: 3, AR168: 3, AR193: 3, AR060: 3, AR217: 3, AR277: 3, AR096: 3, AR224: 3, AR282: 3, AR175: 3, AR308: 3, AR312: 3, AR214: 3, AR196: 3, AR288: 3,

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	HOFOC73	907072	823	
	HOFOC73	878863	824	
424	HOGAW62	579891	434	AR039: 34, AR313: 23, AR299: 21, AR096: 19, AR089: 15, AR104: 11, AR300: 10, AR219: 10, AR185: 10, AR316: 8, AR277: 8, AR060: 7, AR218: 7, AR240: 6, AR282: 6, AR215: 5, AR055: 4, AR196: 3, AR263: 2, AR169: 2, AR271: 2, AR168: 2, AR182: 2, AR283: 2, AR198: 2, AR163: 2, AR254: 2, AR243: 2, AR257: 2, AR176: 2, AR165: 2, AR180: 2, AR297: 1, AR164: 1, AR205: 1, AR230: 1, AR275: 1, AR217: 1, AR291: 1, AR270: 1, AR213: 1, AR312: 1, AR247: 1, AR193: 1, AR269: 1, AR266: 1 H0435: 2, S0114: 1, L0606: 1 and H0779: 1.
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426	HOGCK63	895880	436	AR253: 8, AR263: 7, AR235: 7, AR170: 7, AR214: 7, AR169: 7, AR171: 7, AR245: 6, AR197: 6, AR195: 6, AR311: 6, AR309: 6, AR225: 6, AR222: 6, AR264: 5, AR223: 5, AR172: 5, AR168: 5, AR240: 5, AR164: 5, AR039: 5, AR216: 5, AR166: 5, AR272: 5, AR165: 5, AR196: 4, AR180: 4, AR161: 4, AR162: 4, AR250: 4, AR163: 4, AR271: 4, AR261: 4, AR213: 4, AR207: 4, AR089: 4, AR096: 4, AR217: 4, AR053: 4, AR215: 4, AR199: 4, AR274: 4, AR252: 4, AR308: 4, AR188: 4, AR282: 4, AR312: 4, AR178: 3, AR295: 3, AR275: 3, AR300: 3, AR291: 3, AR299: 3, AR316: 3, AR212: 3, AR177: 3, AR277: 3, AR247: 3, AR288: 3, AR285: 3, AR205: 3, AR286: 3, AR183: 3, AR221: 3, AR270: 3, AR175: 3, AR055: 3, AR236: 3, AR296: 3, AR181: 3, AR060: 3, AR200: 3, AR193: 3, AR237: 3, AR104: 3, AR182: 3, AR201: 3, AR033: 3, AR269: 3, AR173: 3, AR257: 3, AR266: 3, AR297: 3, AR176: 2, AR191: 2, AR268: 2, AR190: 2, AR230: 2, AR185: 2, AR174: 2, AR203: 2, AR283: 2, AR232: 2, AR238: 2, AR189: 2, AR226: 2, AR289: 2, AR313: 2, AR233: 2, AR294: 2, AR287: 2, AR258: 2, AR228: 2, AR061: 2, AR239: 2, AR290: 2, AR293: 2, AR267: 2, AR231: 2, AR229: 2, AR224: 2, AR234: 2, AR227: 2, AR211: 2, AR243: 2, AR255: 2, AR210: 2, AR219: 2, AR218: 2, AR179: 2, AR260: 1, AR262: 1, AR242: 1 L0748: 15, L0740: 9, L0755: 9, L0771: 7, H0521: 7, L0779: 6, L0662: 5, H0547: 5, H0624: 4, H0586: 4, H0575: 4, L0666: 4, L0439: 4, S0436: 4, H0615: 3, H0428: 3, L0770: 3, L0659: 3, L0809: 3, L5623: 3, S0152: 3, L0747: 3, H0171: 2, S0418: 2, S0442: 2, S0045: 2, H0635: 2, H0546: 2, H0328: 2, H0169: 2, H0135: 2, H0494: 2, L0763: 2, L0769: 2, L0650: 2, L0653: 2, L0517: 2, H0520: 2, H0593: 2, H0435: 2, H0539: 2, H0696: 2, L0743: 2, L0749: 2, L0752: 2, L0731: 2, L0759: 2, L0605: 2, H0170: 1, H0685: 1, L0459: 1, H0295: 1, H0458: 1, S0420: 1, S0356: 1, S0408: 1, H0580: 1, H0729: 1, S0046: 1, H0619: 1, H0393: 1, S0300: 1, H0587: 1, H0013: 1, H0427: 1, S0280: 1, H0042: 1, H0581: 1, H0251: 1, T0115: 1, H0545: 1, H0046: 1, H0569: 1, H0050: 1, H0011: 1, H0024: 1, H0083: 1, H0288: 1, H0292: 1, H0622: 1, H0424: 1, H0644: 1, H0165: 1, H0634: 1, H0087: 1, H0264: 1, H0100: 1, L0351: 1, H0625: 1, S0422: 1, S0002: 1, L3905: 1, L0646: 1, L0764: 1, L0768: 1, L0775: 1, L0375: 1, L0784: 1, L0806: 1, L0805: 1, L0606: 1, L0657: 1, L0519: 1, L0789: 1, L0664: 1, H0144: 1, H0726: 1, H0690: 1, H0670: 1, H0518: 1, H0522: 1, S0406: 1, H0436: 1, H0626: 1, S0027: 1, L0751: 1, L0757: 1, L0592: 1, L0593: 1, H0542: 1, H0543: 1, H0423: 1 and S0412: 1.
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	HPDWP28	1047702	838	
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	HPJBK12	796925	842	
	HPJBK12	699587	843	
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	HPJCL22	1046434	845	
454	HPJCW04	589969	464	AR313: 17, AR165: 14, AR164: 13, AR166: 13, AR162: 13, AR161: 13, AR163: 12, AR196: 12, AR089: 11, AR229: 10, AR235: 10, AR181: 10, AR252: 10, AR236: 10, AR178: 9, AR300: 9, AR299: 9, AR247: 9, AR173: 9, AR213: 9, AR293:

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	HPJEX20	894744	848	
	HPJEX20	898220	849	
456	HPMAI22	635491	466	AR277: 10, AR282: 8, AR170: 7, AR283: 7, AR245: 7, AR055: 7, AR192: 7, AR271: 7, AR224: 6, AR240: 6, AR253: 6, AR178: 6, AR207: 6, AR181: 6, AR197: 5, AR177: 5, AR176: 5, AR204: 5, AR060: 5, AR089: 5, AR104: 5, AR309: 5, AR183: 5, AR221: 5, AR246: 5, AR180: 4, AR316: 4, AR266: 4, AR255: 4, AR268: 4, AR039: 4, AR162: 4, AR198: 4, AR161: 4, AR163: 4, AR195: 4, AR175: 4, AR215: 4, AR201: 4, AR174: 4, AR218: 4, AR171: 4, AR263: 4, AR223: 4, AR193: 4, AR295: 4, AR243: 4, AR168: 4, AR172: 4, AR264: 4, AR270: 4, AR185: 4, AR269: 4, AR199: 4, AR288: 3, AR242: 3, AR229: 3, AR096: 3, AR261: 3, AR299: 3, AR222: 3, AR290: 3, AR205: 3, AR179: 3, AR182: 3, AR217: 3, AR164: 3, AR291: 3, AR169: 3, AR165: 3, AR267: 3, AR213: 3, AR252: 3, AR300: 3, AR228: 3, AR297: 3, AR189: 3, AR166: 3, AR313: 3, AR272: 3, AR239: 3, AR311: 3, AR285: 3, AR188: 3, AR173: 3, AR233: 3, AR312: 3, AR236: 3, AR293: 3, AR296: 3, AR190: 3, AR191: 3, AR200: 3, AR219: 3, AR257: 3, AR237: 3, AR286: 3, AR212: 3, AR226: 3, AR289: 3, AR214: 3, AR196: 3, AR294: 2, AR250: 2, AR033: 2, AR203: 2, AR231: 2, AR235: 2, AR262: 2, AR232: 2, AR225: 2, AR274: 2, AR061: 2, AR210: 2, AR287: 2, AR216: 2, AR275: 2, AR234: 2, AR230: 2, AR227: 2, AR308: 2, AR053: 2, AR258: 2, AR247: 2, AR256: 1, AR238: 1, AR211: 1, AR260: 1 L0794: 6, H0031: 4, L0779: 3, L0600: 3, L0768: 2, L0805: 2, L0755: 2, L3643: 1, H0713: 1, H0662: 1, L0767: 1, L0657: 1, L0809: 1, L0790: 1, S0052: 1, H0724: 1, H0539: 1, S0406: 1, L0756: 1, S0436: 1 and L0603: 1.
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	HSJBQ79	371784	870	
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	HSQEO84	401251	880	
513	HSSAJ29	630636	523	AR197: 14, AR201: 10, AR269: 9, AR176: 9, AR204: 8, AR161: 8, AR198: 8, AR192: 8, AR162: 8, AR163: 8, AR196: 8, AR236: 7, AR180: 7, AR165: 7, AR242: 7, AR164: 7, AR243: 6, AR207: 6, AR228: 6, AR309: 6, AR166: 6, AR295: 6, AR182: 6, AR235: 6, AR193: 6, AR177: 6, AR183: 6, AR264: 6, AR267: 6, AR233: 6, AR231: 6, AR245: 6, AR178: 6, AR191: 6, AR172: 6, AR266: 5, AR271: 5, AR299: 5, AR229: 5, AR181: 5, AR294: 5, AR223: 5, AR179: 5, AR270: 5, AR055: 5, AR261: 5, AR262: 5, AR291: 5, AR313: 5, AR168: 5, AR246: 5, AR237: 5, AR060: 5, AR240: 5, AR293: 5, AR175: 5, AR171: 5, AR253: 5, AR226: 4, AR089: 4, AR190: 4, AR224: 4, AR268: 4, AR290: 4, AR257: 4, AR247: 4, AR185: 4, AR296: 4, AR297: 4, AR263: 4, AR255: 4, AR275: 4, AR104: 4, AR300: 4, AR189: 4, AR274: 4, AR287: 4, AR174: 4, AR170: 4, AR288: 4, AR203: 4, AR238: 4, AR239: 4, AR216: 4, AR188: 4, AR316: 4, AR217: 4, AR039: 4, AR254: 4, AR215: 4, AR061: 4, AR173: 4, AR312: 3, AR285: 3, AR286: 3, AR200: 3, AR195: 3, AR214: 3, AR282: 3, AR308: 3, AR205: 3, AR033: 3, AR272: 3, AR199: 3, AR096: 3, AR234: 3, AR227: 3, AR250: 3, AR230: 3, AR225: 3, AR283: 3, AR289: 3, AR232: 3, AR311: 3, AR258: 2, AR277: 2, AR222: 2, AR218: 2, AR260: 2, AR221: 2, AR211: 2, AR256: 2, AR212: 2, AR213: 2, AR219: 2, AR210: 2 H0052: 7, H0261: 2, H0135: 2, L0562: 1, S0222: 1, L0438: 1 and L0439: 1.
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	HSYAZ50	882732	889	
530	HSYAZ63	1177537	540	AR216: 22, AR214: 19, AR096: 18, AR172: 17, AR215: 15, AR217: 14, AR222: 14, AR224: 13, AR291: 13, AR274: 13, AR168: 13, AR171: 12, AR223: 12, AR219: 12, AR285: 12, AR287: 12, AR297: 12, AR170: 12, AR271: 11, AR225: 11, AR247: 11, AR169: 11, AR218: 11, AR221: 10, AR165: 10, AR212: 10, AR164: 10, AR283: 10, AR275: 10, AR166: 9, AR311: 9, AR161: 9, AR289: 9, AR162: 9, AR213: 9, AR235: 9, AR309: 9, AR163: 9, AR205: 9, AR312: 9, AR261: 9, AR308: 9, AR295: 8, AR296: 8, AR226: 8, AR238: 8, AR293: 8, AR250: 8, AR313: 7, AR246: 7, AR272: 7, AR193: 7, AR263: 7, AR240: 7, AR262: 7, AR198: 7, AR053: 7, AR255: 7, AR316: 7, AR264: 7, AR258: 7, AR245: 6, AR231: 6, AR288: 6, AR237: 6, AR178: 6, AR286: 6, AR236: 6, AR257: 6, AR242: 6, AR294: 6, AR197: 6, AR256: 6, AR269: 6, AR270: 6, AR173: 5, AR290: 5, AR195: 5, AR192: 5, AR181: 5, AR207: 5, AR243: 5, AR239: 5, AR227: 5, AR266: 5, AR177: 5, AR174: 5, AR268: 5, AR188: 5, AR179: 5, AR211: 5, AR176: 5, AR282: 4, AR230: 4, AR299: 4, AR196: 4, AR185: 4, AR190: 4, AR183: 4, AR277: 4, AR199: 4, AR180: 4, AR175: 4, AR234: 4, AR189: 4, AR260: 4, AR254: 4, AR039: 4, AR229: 4, AR232: 4, AR233: 4, AR191: 4, AR089: 4, AR061: 4, AR267: 3, AR201: 3, AR055: 3, AR253: 3, AR210: 3, AR200: 3, AR300: 3, AR203: 3, AR060: 3, AR204: 2, AR182: 2, AR033: 2, AR228: 2, AR104: 1 H0521: 40, H0046: 18, H0522: 11, L0747: 8, L0750: 8, S0002: 7, L0439: 7, L0754: 7, H0486: 6, L0595: 6, H0556: 5, H0551: 5, H0024: 4, H0622: 4, S0344: 4, H0519: 4, L0740: 4, L0751: 4, L0759: 4, L0599: 4, H0580: 3, H0013: 3, H0581: 3, S0051: 3, L0369: 3, H0402: 2, S0356: 2, S0360: 2, S0045: 2, S0046: 2, H0411: 2, H0574: 2, L0021: 2, H0575: 2, H0594: 2, H0266: 2, S0214: 2, H0252: 2, H0090: 2, H0038: 2, H0616: 2, H0412: 2, S0038: 2, T0041: 2, H0561: 2, H0130: 2, S0426: 2, H0529: 2, L0800: 2, L0764: 2, L0794: 2, L0766: 2, L0775: 2, L0375: 2, L0806: 2, L0776: 2, L0526: 2, L0383: 2, L0789: 2, H0555: 2, L0741: 2, L0756: 2, L0758: 2, L0591: 2, H0542: 2, H0624: 1, H0265: 1, H0583: 1, H0650: 1, S0116: 1, S0212: 1, H0638: 1, L0005: 1, S0358: 1, H0729: 1, H0733: 1, H0749: 1, S0278: 1, S6022: 1, H0369: 1, H0549: 1, H0611: 1, H0455: 1, H0601: 1, H0497:

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	HTEGI42	850770	899	
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	HTEGI42	830165	901	
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556	HTHCA18	908144	566	AR313: 12, AR161: 10, AR162: 10, AR163: 10, AR165: 8, AR164: 8, AR166: 8, AR229: 7, AR089: 7, AR176: 7, AR196: 7, AR197: 6, AR039: 6, AR198: 6, AR169: 6, AR178: 6, AR300: 6, AR228: 5, AR180: 5, AR299: 5, AR247: 5, AR269: 5, AR182: 5, AR309: 5, AR193: 5, AR233: 5, AR204: 5, AR282: 5, AR212: 5, AR239: 5, AR200: 5, AR207: 5, AR267: 5, AR181: 5, AR096: 5, AR173: 5, AR060: 5, AR275: 4, AR257: 4, AR053: 4, AR055: 4, AR183: 4, AR168: 4, AR201: 4, AR271: 4, AR177: 4, AR242: 4, AR191: 4, AR174: 4, AR185: 4, AR175: 4, AR179: 4, AR274: 4, AR199: 4, AR104: 4, AR237: 4, AR266: 4, AR316: 4, AR192: 4, AR236: 4, AR226: 4, AR195: 4, AR277: 4, AR189: 4, AR272: 4, AR252: 4, AR261: 4, AR243: 4, AR240: 4, AR268: 4, AR312: 4, AR171: 4, AR214: 4, AR264: 3, AR238: 3, AR061: 3, AR253: 3, AR231: 3, AR203: 3, AR293: 3, AR230: 3, AR262: 3, AR234: 3, AR258: 3, AR270: 3, AR289: 3, AR296: 3, AR227: 3, AR297: 3, AR190: 3, AR255: 3, AR232: 3, AR215: 3, AR294: 3, AR188: 3, AR291: 3, AR286: 2, AR263: 2, AR216: 2, AR172: 2, AR287: 2, AR246: 2, AR288: 2, AR290: 2, AR285: 2, AR033: 2, AR256: 2, AR213: 2, AR308: 2, AR222: 2, AR218: 2, AR224: 2, AR223: 2, AR311: 2, AR283: 1, AR211: 1, AR219: 1, AR295: 1, AR221: 1, AR170: 1, AR260: 1, AR217: 1, AR210: 1 H0063: 1 and H0521: 1.
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	HTLFE57	608317	911	
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582	HTSEW17	460579	592	AR170: 7, AR161: 7, AR162: 7, AR163: 7, AR182: 7, AR225: 6, AR176: 6, AR282: 5, AR228: 5, AR223: 5, AR266: 5,

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594	HUFEF62	645101	604	AR207: 39, AR214: 22, AR222: 21, AR195: 21, AR223: 20, AR235: 20, AR169: 19, AR198: 19, AR224: 19, AR172: 18, AR213: 18, AR192: 17, AR170: 17, AR263: 17, AR217: 17, AR212: 16, AR205: 16, AR168: 16, AR171: 16, AR216: 16, AR089: 15, AR225: 14, AR053: 14, AR221: 14, AR295: 14, AR261: 14, AR311: 14, AR245: 14, AR264: 14, AR308: 13, AR165: 13, AR242: 13, AR197: 13, AR309: 13, AR215: 13, AR196: 12, AR166: 12, AR164: 12, AR039: 12, AR246: 11, AR161: 11, AR177: 11, AR236: 11, AR162: 11, AR201: 11, AR193: 10, AR297: 10, AR288: 10, AR312: 10, AR163: 10, AR240: 10, AR316: 10, AR181: 10, AR271: 9, AR204: 9, AR285: 9, AR210: 9, AR060: 9, AR033: 9, AR277: 9, AR282: 9, AR230: 9, AR299: 9, AR275: 8, AR313: 8, AR286: 8, AR174: 8, AR252: 8, AR296: 8, AR254: 8, AR188: 8, AR183: 8, AR253: 8, AR218: 8, AR243: 7, AR291: 7, AR096: 7, AR283: 7, AR104: 7, AR211: 7, AR274: 7, AR300: 7, AR189: 7, AR173: 7, AR200: 7, AR175: 7, AR055: 7, AR258: 7, AR185: 7, AR247: 7, AR272: 7, AR238: 6, AR293: 6, AR191: 6, AR199: 6, AR234: 6, AR287: 6, AR231: 6, AR229: 6, AR262: 6, AR178: 6, AR257: 6, AR250: 6, AR179: 5, AR219: 5, AR176: 5, AR226: 5, AR239: 5, AR268: 5, AR228: 5, AR203: 5, AR289: 5, AR255: 5, AR227: 5, AR266: 5, AR190: 5, AR237: 5, AR233: 5, AR260: 5, AR256: 5, AR232: 5, AR294: 5, AR182: 5, AR270: 5, AR061: 4, AR180: 4, AR269: 4, AR267: 4, AR290: 4 H0506: 1
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	HWBFE57	876136	938	
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	HWHHL34	341560	944	
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	HWLEV32	873296	945	
	HWLEV32	881710	946	
	HWLEV32	846351	947	
618	HWLIH65	793713	628	AR061: 97, AR231: 60, AR238: 60, AR237: 58, AR234: 57, AR202: 53, AR194: 53, AR281: 48, AR226: 44, AR315: 42, AR206: 39, AR280: 38, AR244: 37, AR227: 35, AR241: 31, AR229: 31, AR314: 30, AR248: 26, AR232: 25, AR284: 23, AR283: 22, AR265: 22, AR266: 21, AR310: 20, AR263: 19, AR292: 19, AR033: 18, AR298: 17, AR184: 17, AR192: 17, AR246: 17, AR243: 17, AR096: 17, AR233: 15, AR295: 15, AR177: 15, AR282: 15, AR198: 13, AR186: 13, AR267: 13, AR299: 13, AR273: 12, AR316: 12, AR104: 12, AR296: 12, AR251: 12, AR291: 12, AR249: 12, AR247: 12, AR219: 12, AR300: 12, AR313: 12, AR277: 12, AR285: 11, AR289: 11, AR205: 11, AR039: 11, AR213: 11, AR052: 11, AR240: 10, AR218: 10, AR259: 10, AR286: 10, AR268: 10, AR269: 10, AR204: 10, AR055: 9, AR182: 9, AR270: 9, AR253: 9, AR175: 8, AR183: 8, AR309: 8, AR053: 8, AR312: 8, AR271: 8, AR089: 7, AR275: 7, AR294: 7, AR185: 7, AR256: 7, AR290: 7, AR274: 7, AR293: 6, AR258: 6, AR060: 5, AR179: 4, AR165: 3, AR161: 3, AR162: 3, AR264: 3, AR163: 3, AR195: 3, AR164: 3, AR166: 3, AR308: 3, AR215: 3, AR212: 3, AR221: 3, AR272: 3, AR214: 2, AR199: 2, AR223: 2, AR201: 2, AR176: 2, AR224: 2, AR217: 1, AR210: 1, AR172: 1, AR311: 1, AR257: 1, AR171: 1, AR297: 1, AR196: 1, AR245: 1, AR189: 1 L0774: 3, H0521: 3, L0777: 3, S0356: 2, S0408: 2, H0124: 2, H0494: 2, L0766: 2, L0666: 2, L0751: 2, L0596: 2, S0040: 1, H0294: 1, S0430: 1, H0656: 1, S0358: 1, S0360: 1, H0729: 1, H0645: 1, H0586: 1, H0587: 1, H0632: 1, H0590: 1, L0045: 1, S0003: 1, H0316: 1, H0598: 1, S0036: 1, H0591: 1, L0564: 1, H0560: 1, H0509: 1, H0641: 1, S0002: 1, L0640: 1, L0662: 1, L0775: 1, L0655: 1, L0659: 1, L0783: 1, L5622: 1, L0663: 1, L2653: 1, H0701: 1, H0689: 1, H0672: 1, H0539: 1, S0406: 1, L0439: 1, L0749: 1, L0786: 1, S0434: 1, S0436: 1, H0543: 1, S0424: 1 and S0446: 1.
619	HWTBK81	460568	629	AR162: 6, AR161: 6, AR163: 6, AR221: 6, AR309: 5, AR272: 4, AR263: 4, AR183: 4, AR252: 4, AR182: 4, AR225: 4, AR168: 4, AR170: 4, AR178: 3, AR269: 3, AR181: 3, AR275: 3, AR245: 3, AR197: 3, AR311: 3, AR235: 3, AR165: 3, AR285: 3, AR282: 3, AR257: 3, AR228: 3, AR233: 3, AR164: 3, AR180: 3, AR288: 3, AR174: 3, AR229: 3, AR268: 3, AR166: 3, AR175: 3, AR214: 3, AR176: 3, AR236: 3, AR055: 2, AR266: 2, AR169: 2, AR299: 2, AR177: 2, AR255: 2, AR240: 2, AR226: 2, AR089: 2, AR239: 2, AR287: 2, AR185: 2, AR237: 2, AR238: 2, AR061: 2, AR231: 2, AR216: 2, AR179: 2, AR293: 2, AR060: 2, AR316: 2, AR277: 2, AR191: 2, AR193: 2, AR313: 2, AR230: 2, AR217: 2, AR196: 2, AR261: 2, AR289: 2, AR290: 2, AR297: 2, AR200: 2, AR188: 2, AR271: 2, AR234: 2, AR247: 2, AR205: 2, AR207: 2, AR262: 2, AR190: 2, AR172: 2, AR312: 2, AR227: 2, AR291: 2, AR223: 2, AR189: 2, AR201: 2, AR267: 1, AR171: 1,

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620	HYAAJ71	826754	630	AR313: 41, AR173: 25, AR163: 25, AR166: 25, AR196: 23, AR161: 23, AR162: 23, AR165: 22, AR164: 21, AR089: 21, AR312: 20, AR218: 19, AR264: 19, AR300: 19, AR096: 19, AR258: 18, AR274: 18, AR174: 18, AR175: 18, AR191: 17, AR185: 17, AR262: 17, AR308: 17, AR257: 16, AR275: 16, AR229: 16, AR247: 16, AR309: 16, AR199: 16, AR179: 15, AR189: 15, AR183: 15, AR240: 15, AR270: 15, AR060: 14, AR269: 14, AR293: 14, AR295: 13, AR286: 13, AR234: 13, AR268: 13, AR181: 13, AR311: 13, AR178: 13, AR299: 13, AR180: 13, AR033: 13, AR192: 13, AR177: 13, AR219: 13, AR282: 13, AR316: 12, AR263: 12, AR233: 12, AR193: 12, AR238: 12, AR053: 12, AR226: 12, AR296: 12, AR104: 12, AR285: 11, AR182: 11, AR242: 11, AR261: 11, AR212: 11, AR297: 11, AR188: 11, AR190: 11, AR203: 11, AR260: 10, AR236: 10, AR294: 10, AR287: 10, AR288: 10, AR176: 10, AR200: 10, AR291: 10, AR255: 10, AR213: 9, AR256: 9, AR237: 9, AR252: 9, AR290: 9, AR271: 9, AR198: 9, AR195: 9, AR039: 9, AR230: 9, AR211: 9, AR266: 8, AR231: 8, AR289: 8, AR210: 8, AR245: 8, AR272: 8, AR201: 8, AR197: 8, AR277: 7, AR239: 7, AR227: 7, AR207: 7, AR283: 7, AR253: 7, AR267: 7, AR228: 7, AR235: 7, AR254: 7, AR204: 7, AR232: 6, AR243: 6, AR205: 6, AR250: 6, AR061: 5, AR055: 5, AR246: 5, AR172: 4, AR168: 4, AR223: 4, AR222: 3, AR170: 3, AR216: 3, AR217: 3, AR171: 2, AR225: 2, AR215: 1, AR224: 1, AR221: 1 H0583: 1, H0485: 1, H0581: 1, S0053: 1 and H0423: 1.

Table 1C summarizes additional polynucleotides encompassed by the invention (including cDNA clones related to the sequences (Clone ID:), contig sequences (contig identifier (Contig ID:) contig nucleotide sequence identifiers (SEQ ID NO:X)), and genomic sequences (SEQ ID NO:B). The first column provides a unique clone identifier, "Clone ID:", for a cDNA clone related to each contig sequence. The second column provides the sequence identifier, "SEQ ID NO:X", for each contig sequence. The third column provides a unique contig identifier, "Contig ID:" for each contig sequence. The fourth column, provides a BAC identifier "BAC ID NO:A" for the BAC clone referenced in the corresponding row of the table. The fifth column provides the nucleotide sequence identifier, "SEQ ID NO:B" for a fragment of the BAC clone identified in column four of the corresponding row of the table. The sixth column, "Exon From-To", provides the location (i.e., nucleotide position numbers) within the polynucleotide sequence of SEQ ID NO:B which delineate certain polynucleotides of the invention that are also exemplary members of polynucleotide sequences that encode polypeptides of the invention (e.g., polypeptides containing amino acid sequences encoded by the polynucleotide sequences delineated in column six, and fragments and variants thereof).

Table 1C

cDNA Clone ID	SEQ ID NO:X	CONTIG ID:	BAC ID: A	SEQ ID NO:B	EXON From-To
HAGAN21	21	1026956	AC011967	1885	1-839
HAGAN21	21	1026956	AC074370	1886	1-839
HAGAN21	21	1026956	AL355151	1887	1-837
HAGAN21	21	1026956	AL121796	1888	1-836
HAGAN21	21	1026956	AC011967	1889	1-367 372-1167 1180-1791 3777-4078 4113-4269
HAGAN21	21	1026956	AC074370	1890	1-366 373-1167 1180-1793 3779-4081 4117-4273
HAGAN21	21	1026956	AL355151	1891	1-364 373-1166 1179-1790 3780-4082
HAGAN21	21	1026956	AL121796	1892	1-367 374-1165 1178-1791 3767-4069 4105-4262
HAIBP89	31	727543	AC005214	1893	1-228 817-3471
HAIBP89	31	727543	AC005214	1894	1-539

HBCPB32	56	1352403	AC024191	1895	1-643 1421-1636 4917-5536
HBCQL32	57	1134954	AC069250	1896	1-461 504-1011 1964-2424 2747-2859 3098-3251 4239-6717
HBCQL32	57	1134954	AC069250	1897	1-418
HBINS58	62	1352386	AL096774	1898	1-1023 2010-2239 2581-2962 3153-3223 3324-3493 3973-4126
HBINS58	62	1352386	AL096774	1899	1-341
HBINS58	62	1352386	AL096774	1900	1-142
HBMCI50	69	668268	AL139132	1901	1-890
HBMCI50	69	668268	AL359179	1902	1-891
HBMCI50	69	668268	AL139132	1903	1-155
HBMCI50	69	668268	AL359179	1904	1-155
HBOEG11	71	1300752	AL139352	1905	1-253 438-539 2336-2801 4986-5209 5967-6439 9014-9452 9829-10084 10404-10503 12165-13255
HBOEG11	71	1300752	AL139352	1906	1-559
HCEFB80	79	1143407	AL022327	1907	1-2271 3506-3658 4643-4810 9039-9164 9382-9509 10587-10720 11135-11195 11265-11716 14644-15466 17451-17526 18012-18114 20530-20632 20957-21009 23696-23785 25338-25575 25969-26166
HCEWE17	83	941941	AL139130	1908	1-170 463-598 623-1346 1404-1523 2059-2159 2350-2616

					3068-3254 3428-3878
HCOOS80	96	1134974	AC003688	1909	1-718 1054-1158 1660-1980 4003-4073 4364-4516 4646-4749 4852-4995 5121-5213 5354-5424 5526-5669 5759-5832 5850-6176 6756-6829 7023-7175 7259-7398 7531-7711 8134-8381 8463-13585 13691-14323 14437-14918
HCOOS80	96	1134974	AC026954	1910	1-138 273-453 876-1123 1205-4456
HCOOS80	96	1134974	AC003688	1911	1-125 203-480 1463-1647 2048-2077 2229-2323 2725-3784 3867-4682
HCWGU37	103	1042325	AC007459	1912	1-242
HCWGU37	103	1042325	AC022435	1913	1-218 5587-5754
HCWGU37	103	1042325	AC022051	1914	1-294
HCWGU37	103	1042325	AC023672	1915	1-196
HCWGU37	103	1042325	AC011101	1916	1-100
HCWGU37	103	1042325	AC034243	1917	1-312 2334-2364
HCWGU37	103	1042325	AC010454	1918	1-218 5588-5755
HCWGU37	103	1042325	AC026144	1919	1-183
HCWGU37	103	1042325	AC009691	1920	1-292
HCWGU37	103	1042325	AL354696	1921	1-181
HCWGU37	103	1042325	AC073219	1922	1-123
HCWGU37	103	1042325	AC027414	1923	1-270
HCWGU37	103	1042325	AC010454	1924	1-303
HDPWN93	140	992925	AC004590	1925	1-276 489-591 866-988 1106-1281 1323-1444

					1632-1799 1866-2016 2109-2313 2634-3205 3360-3472 3528-3744 3820-5006 6580-6919 7076-7276 8057-8153 8318-8680
HDPWN93	140	992925	AC021491	1926	1-275 488-590 865-987 1105-1280 1322-1443 1631-1798 1865-2015 2108-2312 2633-3204 3359-3471 3527-3743 3819-5005 6579-6918 7075-7275 8054-8150 8315-8677
HDPWN93	140	992925	AC004590	1927	1-303 727-1252 5721-5846
HDPWN93	140	992925	AC021491	1928	1-303 727-1253 5723-5848
HDTEK44	146	1025421	AC022100	1929	1-2932
HDTEK44	146	1025421	AC022100	1930	1-353
HDTFE17	148	1043391	AF196972	1931	1-74 391-524 1481-1536 1623-1699 2092-2448 2537-2611 3085-3179 3315-3395 6429-6514 6997-7407 7611-7693 8316-8774 9534-9680 9770-9875 10373-10876
HDTFE17	148	1043391	AF196972	1932	1-742
HDTMK50	151	1011485	AL354768	1933	1-1340
HDTMK50	151	1011485	AC012318	1934	1-147
HDTMK50	151	1011485	AL354768	1935	1-590

HE8QV67	162	1050076	AL133410	1936	1-765 4403-4496 4696-4813 5112-5584 5780-5830 5850-7766 7774-8284 8479-8902 8986-9110 9305-9481 9658-9944 9998-10106 10202-12718 12797-12886 12974-13063 13259-14645 14680-14941 15625-15714 15825-15895 15965-16114 16204-16772
HE8QV67	162	1050076	AL133410	1937	1-85 1082-1951 2761-3118
HE8QV67	162	1050076	AL133410	1938	1-26 28-267 828-3952 4173-4837 4930-6955 7105-7230 7451-7655 7842-7947 8245-8329 8599-8756 8855-8940 9219-9356 9728-9861 10190-10231
HEBBN36	172	486120	AC005180	1939	1-341 704-1559 1704-3089 3146-4166 4768-4871 5384-5485 5535-6182 6595-7328
HEBBN36	172	486120	AC002557	1940	1-1387
HEBBN36	172	486120	AC002557	1941	1-856
HEBBN36	172	486120	AC002557	1942	1-971
HETLM70	193	1177512	AC012314	1943	1-43 861-1031 1576-1743 1924-2132 2203-2432

					2473-2905 3177-3360 3651-4332 4422-4583 4830-4995 5086-5365
HETLM70	193	1177512	AC009968	1944	1-43 857-1027 1570-1737 1918-2126 2197-2426 2467-2899 3171-3354 3644-4326 4416-4577 4824-4989 5080-5360
HETLM70	193	1177512	AC012314	1945	1-181 1281-1463 2719-2983 3158-3411 3804-6347 6745-6879 7118-7319 7420-7521 7859-8305 8552-8602 9988-10334 10415-10778 11003-11127 11210-11303 11334-11832 13093-13145 13703-13837 13918-14152 15415-15511 15613-15742 15998-16087 16231-16307 16447-17211 18520-18796 21777-22001
HETLM70	193	1177512	AC009968	1946	1-180 1275-1457 2712-2976 3150-3403 3796-6332 6730-6864 7103-7303 7404-7505 7843-8289 8536-8586 9970-10312 10393-10756 10981-11105

					11188-11805 13068-13120 13678-13812 13905-13994
HFIIZ70	202	1043350	AC005005	1947	1-368 1579-2971
HFIIZ70	202	1043350	AC005005	1948	1-484 517-1142 2842-3176 3376-3493 3575-3740 3873-4227 4728-4935 5074-5351 5446-5564 5772-5960 7287-7627 7721-8097 8218-9325 12098-12161 12780-13266 13482-13666 13748-13817 14445-14519 14595-14928 15658-15754 15848-15923 16016-16112 16512-16660 21313-21448 21710-21870 21899-22470 22634-22787 23169-23307
HFVGE32	215	854545	AL160269	1949	1-1122
HFVGE32	215	854545	AL138754	1950	1-1120
HHBCS39	232	1003028	AL390960	1951	1-2979
HHBCS39	232	1003028	AL358992	1952	1-2983
HHBCS39	232	1003028	AL358992	1953	1-207
HHEPD24	238	498227	AC025937	1954	1-216
HHGCM76	250	662329	AC003665	1955	1-70 304-609 900-1090 1240-1835 2272-2490 2581-3598
HHGCM76	250	662329	AC003665	1956	1-580 851-995 1224-1296 1314-1663 1930-1975 2724-2905 2968-3098 3283-3328

					5121-5230 5331-5689
HJACG30	260	895505	AC018512	1957	1-776
HJACG30	260	895505	AC022305	1958	1-878
HJACG30	260	895505	AC002518	1959	1-150
HKACM93	277	1352383	AL158848	1960	1-431 4227-4418 6907-7028 12393-12788 13026-13171 14505-14634 14659-14701 15118-15405 16371-16568 17704-17888 18408-18580 18868-19021 19843-20023 21731-21911 23724-25211
HKACM93	277	1352383	AL158848	1961	1-2833 2990-3408 3932-5958 5960-6045 6428-6501
HKGAT94	283	762811	AC025388	1962	1-1040 1047-2356 2415-3968
HKGAT94	283	762811	AL109945	1963	1-1040 1047-2356 2415-3968
HKGAT94	283	762811	AC022307	1964	1-1040 1047-2356 2415-3968
HKGAT94	283	762811	AC025388	1965	1-506
HKGAT94	283	762811	AL109945	1966	1-506
HKGAT94	283	762811	AL109945	1967	1-456
HKGAT94	283	762811	AC022307	1968	1-479
HKGAT94	283	762811	AC022307	1969	1-506
HLHFR58	305	919888	AC020749	1970	1-1006
HLHFR58	305	919888	AC020749	1971	1-336
HNGBC07	372	1037631	AL022339	1972	1-1583
HNGIH43	380	410179	AC018980	1973	1-83 3147-4045 4401-4443
HNGIH43	380	410179	AC018977	1974	1-604
HNGIH43	380	410179	AL356243	1975	1-83 3146-4044 4400-4442
HNGIH43	380	410179	AC018980	1976	1-872
HNTSY18	409	1041383	AC004877	1977	1-175 342-474 573-1883 2536-2632

					2831-2894 2999-3231 5032-5164 6664-6820 7288-7881
HNTSY18	409	1041383	AC004877	1978	1-42 1197-1333 1575-1698 1936-1984 2246-2304
HOEDE28	424	1036480	AC058820	1979	1-150 412-580 1115-1724 1821-2461 2640-4410
HOEDE28	424	1036480	AC058820	1980	1-533 676-947 959-1251
HOHBY44	441	873264	AC074201	1981	1-5280 5527-5989 7392-7421
HOHBY44	441	873264	AC074201	1982	1-298
HPDWP28	454	1094609	AP000067	1983	1-818 981-1337 1583-1823 2236-2371
HPDWP28	454	1094609	AP000067	1984	1-129
HPICB53	461	1042309	AC002351	1985	1-82 959-2236
HPICB53	461	1042309	AC020997	1986	1-1329
HPICB53	461	1042309	AC002351	1987	1-115
HPICB53	461	1042309	AC020997	1988	1-201 1064-1126 1665-2153 2308-3502
HPJBK12	462	1011467	AC022033	1989	1-2649
HPJBK12	462	1011467	AC013541	1990	1-2649
HPJBK12	462	1011467	AC022033	1991	1-190
HPJBK12	462	1011467	AC013541	1992	1-190
HPJCL22	463	1146674	AC037447	1993	1-102 373-826 995-1315 1450-1567 2189-2515 2599-2778 3138-4132 4537-4681 4864-4998 5144-5324 5394-6211 6816-6941 7472-7647 7791-8885 9056-9368

					9506-9733 9799-10100 10277-10988 11213-11751 11783-11838 11875-12474 12592-13077
HPJCL22	463	1146674	AC022400	1994	1-102 373-826 995-1315 1450-1567 2189-2515 2599-2778 3138-4132 4537-4681 4864-4998 5144-5324 5394-6211 6816-6941 7472-7647 7791-8885 9056-9368 9506-9733 9799-10100 10277-10988 11213-11751 11783-11837 11874-12473 12591-13076
HPJCL22	463	1146674	AC037447	1995	1-207
HPJCL22	463	1146674	AC037447	1996	1-2124
HPJCL22	463	1146674	AC022400	1997	1-207
HPJCL22	463	1146674	AC022400	1998	1-2124 2470-2567 2865-2971
HPJEX20	465	1352420	AL080251	1999	1-1821
HPJEX20	465	1352420	AL139283	2000	1-1821
HPJEX20	465	1352420	AL080251	2001	1-313
HPJEX20	465	1352420	AL139283	2002	1-313
HPWAY46	475	1001560	AC019036	2003	1-1399
HPWAY46	475	1001560	AC067828	2004	1-1399
HPWAY46	475	1001560	AC019036	2005	1-788
HPWAY46	475	1001560	AC067828	2006	1-788
HSAUK57	487	772554	AC008860	2007	1-1344
HSAUK57	487	772554	AC025444	2008	1-1344
HSAUK57	487	772554	AC008860	2009	1-340
HSAUK57	487	772554	AC025444	2010	1-340
HSAWD74	491	460527	AC004951	2011	1-1651 1740-2593
HSAWD74	491	460527	AC004951	2012	1-149
HSAWD74	491	460527	AC004951	2013	1-5057 5082-8353 8404-8996
HSDJL42	503	1036471	AC008676	2014	1-56

					571-2959
HSLJG37	519	1016920	AC022608	2015	1-2406
HSLJG37	519	1016920	AC022608	2016	1-53 430-718
HSLJG37	519	1016920	AC022608	2017	1-351
HSODE04	520	906081	Z99289	2018	1-1365
HSXEQ06	535	1016924	AL390254	2019	1-159 3226-4594 5783-7254 7340-7720 8172-13712
HSXEQ06	535	1016924	AL356017	2020	1-73 505-680 1625-2403 5814-5972 9035-10403 11592-13063 13149-13529 13981-19521
HSXEQ06	535	1016924	AL390254	2021	1-126
HSXEQ06	535	1016924	AL356017	2022	1-126
HSXEQ06	535	1016924	AL356017	2023	1-42 674-828 3271-3406 4251-4326 5040-5180 7884-8230 8404-8621 8735-8892 10277-10417
HSYAZ50	539	1027673	AC007378	2024	1-2471
HSYAZ50	539	1027673	AC073041	2025	1-2471
HSYAZ50	539	1027673	AC007378	2026	1-467
HSYAZ50	539	1027673	AC073041	2027	1-467
HTHBG43	565	919911	AL139257	2028	1-36 130-201 330-753 1823-2214 2331-2440 2728-2834 2920-3028 3370-3514 4153-5236 5877-6744 6813-7124 8441-9280 9527-9953 10394-10536 10945-11362 11763-11843 12653-12953 13970-14183 14223-14726 15929-16299

					16328-16751 17791-18093 18095-18712 18754-24628 24879-25426
HTHBG43	565	919911	AL139257	2029	1-286
HTHCA18	566	908144	AP002439	2030	1-1800
HTHCA18	566	908144	AP002505	2031	1-1776
HTHCA18	566	908144	AP002439	2032	1-110
HTHCA18	566	908144	AP002505	2033	1-110
HTJML75	570	1040047	AC025036	2034	1-148
HTJML75	570	1040047	AC022232	2035	1-152
HTJML75	570	1040047	AC022231	2036	1-151
HTJML75	570	1040047	AC010694	2037	1-202
HTJML75	570	1040047	AC027300	2038	1-158
HTJML75	570	1040047	AC011953	2039	1-126
HTJML75	570	1040047	AC010694	2040	1-77
HTLIV19	579	1046341	AC055750	2041	1-964
HTLIV19	579	1046341	AC027463	2042	1-964
HTLIV19	579	1046341	AC055750	2043	1-236
HTLIV19	579	1046341	AC027463	2044	1-236
HTOIZ02	588	826312	AC023146	2045	1-2101 3106-3722
HTOIZ02	588	826312	AC023146	2046	1-278
HVARW53	609	1194812	AC011298	2047	1-648 1184-3022 3943-4047 5961-6504
HVARW53	609	1194812	AC011298	2048	1-397

Tables 1D: The polynucleotides or polypeptides, or agonists or antagonists of the present invention can be used in assays to test for one or more biological activities. If these polynucleotides and polypeptides do exhibit activity in a particular assay, it is likely that these molecules may be involved in the diseases associated with the biological activity. Thus, the polynucleotides or polypeptides, or agonists or antagonists could be used to treat the associated disease.

The present invention encompasses methods of detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating a disease or disorder. In preferred embodiments, the present invention encompasses a method of treating cancer and other hyperproliferative disorders comprising administering to a patient in which such detection, treatment, prevention, and/or amelioration is desired a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof) in an amount effective to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate the cancer and other hyperproliferative disorders.

In another embodiment, the present invention also encompasses methods of detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other

hyperproliferative disorders; comprising administering to a patient combinations of the proteins, nucleic acids, or antibodies of the invention (or fragments or variants thereof), sharing similar indications as shown in the corresponding rows in Column 3 of Table 1D.

Table 1D provides information related to biological activities for polynucleotides and polypeptides of the invention (including antibodies, agonists, and/or antagonists thereof). Table 1D also provides information related to assays which may be used to test polynucleotides and polypeptides of the invention (including antibodies, agonists, and/or antagonists thereof) for the corresponding biological activities. The first column ("Gene No.") provides the gene number in the application for each clone identifier. The second column ("cDNA Clone ID:") provides the unique clone identifier for each clone as previously described and indicated in Table 1A through Table 1D. The third column ("AA SEQ ID NO:Y") indicates the Sequence Listing SEQ ID Number for polypeptide sequences encoded by the corresponding cDNA clones (also as indicated in Tables 1A, Table 1B, and Table 2). The fourth column ("Biological Activity") indicates a biological activity corresponding to the indicated polypeptides (or polynucleotides encoding said polypeptides). The fifth column ("Exemplary Activity Assay") further describes the corresponding biological activity and also provides information pertaining to the various types of assays which may be performed to test, demonstrate, or quantify the corresponding biological activity.

Table 1D describes the use of, inter alia, FMAT technology for testing or demonstrating various biological activities. Fluorometric microvolume assay technology (FMAT) is a fluorescence-based system which provides a means to perform nonradioactive cell- and bead-based assays to detect activation of cell signal transduction pathways. This technology was designed specifically for ligand binding and immunological assays. Using this technology, fluorescent cells or beads at the bottom of the well are detected as localized areas of concentrated fluorescence using a data processing system. Unbound flurophore comprising the background signal is ignored, allowing for a wide variety of homogeneous assays. FMAT technology may be used for peptide ligand binding assays, immunofluorescence, apoptosis, cytotoxicity, and bead-based immunocapture assays. *See*, Miraglia S et. al., "Homogeneous cell and bead based assays for highthroughput screening using flourometric microvolume assay technology," Journal of Biomolecular Screening; 4:193-204 (1999). In particular, FMAT technology may be used to test, confirm, and/or identify the ability of polypeptides (including polypeptide fragments and variants) to activate signal transduction pathways. For example, FMAT technology may be used to test, confirm, and/or identify the ability of polypeptides to upregulate production of immunomodulatory proteins (such as, for example, interleukins, GM-CSF, Rantes, and Tumor Necrosis factors, as well as other cellular regulators (e.g. insulin)).

Table 1D also describes the use of kinase assays for testing, demonstrating, or quantifying biological activity. In this regard, the phosphorylation and de-phosphorylation of specific amino acid residues (e.g. Tyrosine, Serine, Threonine) on cell-signal transduction proteins provides a fast, reversible means for activation and de-activation of cellular signal transduction pathways. Moreover, cell signal transduction via phosphorylation/de-phosphorylation is crucial to the regulation of a wide variety of cellular processes (e.g. proliferation, differentiation, migration, apoptosis, etc.). Accordingly, kinase assays provide a powerful tool useful for testing, confirming, and/or identifying polypeptides (including polypeptide fragments and variants) that mediate cell signal transduction events via protein phosphorylation. See e.g., Forrer, P., Tamaskovic R., and Jaussi, R. "Enzyme-Linked Immunosorbent Assay for Measurement of JNK, ERK, and p38 Kinase Activities" Biol. Chem. 379(8-9): 1101-1110 (1998).

Table 1D

Gene No.	cDNA Clone ID	AA SEQ ID NO: Y	Biological Activity	Exemplary Activity Assay	Preferred Indication
1	H2CBG48	949	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

				cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse	hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.

				preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	
1	H2CBG48	949	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is an IL-2 dependent suspension culture cell line that also responds to IL-4.	inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression

					of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
1	H2CBG48	949	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is a suspension culture of IL-2 dependent T cells that also respond to IL-4.	and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
2	H2MAC30	950	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated

				368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
2	H2MAC30	950	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in	and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999	

				Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
3	H6EAB28	951	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation,	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"),

				modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast,

				which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below

					under “Infectious Disease”).
3	H6EAB28	951	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
4	H6EDF66	952	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
4	H6EDF66	952	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response element are well-known in the	

				art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of	

				which are herein incorporated by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
4	H6EDF66	952	Activation of Transcription	Assays for activation of transcription are well-known in the art and may be used and	

				routinely modified to assess ability of polypeptides of the invention to inhibit or activate transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model for studies on the mechanism of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al., Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by reference in its entirety.	
4	H6EDF66	952	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection

				and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these	(e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

				assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
4	H6EDF66	952	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and	described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
5	HABAG37	953	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include

					anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
5	HABAG37	953	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
6	HACBD91	954	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

				that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by	Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the

				reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
6	HACBD91	954	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g.,

				modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
6	HACBD91	954	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is

				disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and	the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly

				diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
6	HACBD91	954	Regulation of transcription of Malic Enzyme in adipocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel

				also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g.,	blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

				through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver hepatoma cell line.	weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
6	HACBD91	954	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention

				1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include

					neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or

					cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred

					indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and

					inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
6	HACBD91	954	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g.,

				85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. An additional highly preferred indication includes infection (e.g., AIDS, and/or as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for

					example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g., T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication is infection (e.g., tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include

					blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
6	HACBD91	954	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as

				NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK	described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
6	HACBD91	954	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood

				factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays	disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications

				include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
6	HACBD91	954	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders.

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to

					transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
6	HACBD91	954	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include

				(1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
6	HACBD91	954	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include

				modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension	inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				culture of IL-2 and IL-4 responsive T cells.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
6	HACBD91	954	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g.,

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
6	HACBD91	954	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
7	HACCI17	955	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the

				invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and	invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under

				undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g.,

					heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the

					musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
	HACCI17	955	Production of IL-8	Assay that measures the	Highly preferred indications

7			by immune cells (such as the human EOL-1 eosinophil cells)	production of the chemokine interleukin-8 (IL-8) from immune cells (such as the EOL-1 human eosinophil cell line) are well known in the art (for example, measurement of IL-8 production by FMAT) and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. IL8 is a strong immunomodulator and may have a potential proinflammatory role in immunological diseases and disorders (such as allergy and asthma).	include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

7	HACCI17	955	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	"Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

7	HACCI17	955	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits	"Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				many characteristics of immature mast cells.	
7	HACCI17	955	Production of IL-5	IL-5 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells, mast cells, basophils, and eosinophils that stimulate eosinophil function and B cell Ig production and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cell function, modulate B cell Ig production, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-5, and the stimulation of eosinophil function and B cell Ig production. Such assays that	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-5 production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-5 production. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) immunoglobulin production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) immunoglobulin production. A highly preferred indication includes allergy. A highly preferred indication includes asthma. A highly preferred indication includes rhinitis. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation

				may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Ohshima et al., Blood 92(9):3338-3345 (1998); Jung et al., Eur J Immunol 25(8):2413-2416 (1995); Mori et al., J Allergy Clin Immunol 106(1 Pt 2):558-564 (2000); and Koning et al., Cytokine 9(6):427-436 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and	and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
7	HACCI17	955	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and

				endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell	cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
7	HACCI17	955	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis,	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also includie autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and

				vascular permeability, vascular tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	consequent complications (such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
7	HACCI17	955	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES,	

				and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are	

				endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
7	HACCI17	955	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic,

				endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
8	HADAO89	956	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is an IL-2 dependent suspension culture cell line that also responds to IL-4.	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
9	HAGAI85	957	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia

				well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by	(e.g., in HIV infected patients), and/or as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon,

				reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia,

					hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
9	HAGAI85	957	Production of IFNgamma using Natural Killer cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2; promotes IgG2a and inhibits IgE; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" (e.g. cancer/tumorigenesis) and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g.,

				humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety.	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response, boosting antibody-dependent immune responses, suppressing antibody-dependent immune responses, boosting innate immunity and immune responses, and suppressing innate immunity and immune responses. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				Natural Killer (NK) cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
	HAGAM64	958	Regulation of	Caspase Apoptosis. Assays for	Preferred embodiments of the

10			apoptosis of immune cells (such as mast cells).	caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A,	invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
11	HAGAN21	959	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma

				and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available	(e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under

				(e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.

12	HAGBZ81	960	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
13	HAGDG59	961	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured	

				after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
14	HAGDI35	962	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below).

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of eosinophils. Eosinophils are a type of immune cell important	

				in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
14	HAGDI35	962	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia,

				routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an	lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
14	HAGDI35	962	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
14	HAGDI35	962	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also includie

				secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and consequent complications (such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
14	HAGDI35	962	Production of VCAM in	Assays for measuring expression of VCAM are well-	Highly preferred indications include inflammation (acute

			endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of	and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	
14	HAGDI35	962	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g.,

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
15	HAGFG51	963	Activation of transcription through serum response element in	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha

			immune cells (such as T-cells).	art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are	production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis.

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel

					disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
16	HAGFI62	964	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte

				test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3	differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related

				fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

					hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

					Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia.
17	HAGFY16	965	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
18	HAHDB16	966	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders

				and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication

					associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment

					(e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia,

					and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
18	HAHDB16	966	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic

				expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol	nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired

				20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
18	HAHDB16	966	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method

				IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of	for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-	indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel

				mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
19	HAHDR32	967	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	

19	HAHDR32	967	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al.,	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, for

				29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
20	HAIBO71	968	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well	A highly preferred embodiment of the invention

				known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety.	includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention

				Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications

					include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma,

					lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured

					tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

					"Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
20	HAIBO71	968	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T

				immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g.,	cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also

				through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
21	HAIBP89	969	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al.,	"Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, asthma and allergy.
21	HAIBP89	969	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications

				large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
22	HAICP19	970	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred

				survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary	embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel

				mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	blockage, heart disease, stroke, impotence and/or as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart

					disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or

					complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal,

					stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
22	HAICP19	970	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

				used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	
22	HAICP19	970	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
22	HAICP19	970	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include

				invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders.

					Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
23	HAIFL18	971	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative

				are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by	highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as

				reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as

					described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section

					below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney

					cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
23	HAIFL18	971	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with

				assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995);	chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for

				Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
23	HAIFL18	971	Activation of transcription	Assays for the activation of transcription through the	A preferred embodiment of the invention includes a

			through serum response element in immune cells (such as natural killer cells).	Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117	method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid

				(1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
24	HAJAF57	972	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used	

				according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
24	HAJAF57	972	Activation of Endothelial Cell JNK Signaling Pathway.	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred

				1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for inhibiting apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention include a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as

					described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly

					preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke,

					graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such

					as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
25	HAJBR69	973	Regulation of transcription through the PEPCK promoter in hepatocytes	Assays for the regulation of transcription through the PEPCK promoter are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the PEPCK promoter in a reporter construct and regulate liver gluconeogenesis. Exemplary assays for regulation of transcription through the PEPCK promoter that may be used or routinely modified to test for PEPCK promoter activity (in hepatocytes) of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease,

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Lochhead et al., Diabetes 49(6):896-903 (2000); and Yeagley et al., J Biol Chem 275(23):17814-17820 (2000), the contents of each of which is herein incorporated by reference in its entirety. Hepatocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary liver hepatoma cells that may be used according to these assays include H4lle cells, which contain a tyrosine amino transferase that is inducible with glucocorticoids, insulin, or cAMP derivatives.	hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., an infectious diseases or disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the

					musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include glycogen storage disease (e.g., glycogenoses), hepatitis, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic disease, dyslipidemia and cholesterol metabolism, and hepatocarcinomas. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), infection (e.g., an infectious disease and/or disorder as described below under "Infectious Disease"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), and

					neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"). Additional preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, and urinary cancer. A highly preferred indication is liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
25	HAJBR69	973	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the

				in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention	production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute

				(including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively,

					suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
26	HAJBZ75	974	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic,

				assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with

					chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
26	HAJBZ75	974	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders").

				modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
27	HAMFK58	975	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis,

				(including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke
28	HAMGG68	976	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g.,	for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells.

				through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac

					hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors,

					telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other

					vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and

					vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
28	HAMGG68	976	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders,

				that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al.,	immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
29	HANGG89	977	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to	indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	mellitus, endocarditis, meningitis, and Lyme Disease.
29	HANGG89	977	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	mellitus, endocarditis, meningitis, and Lyme Disease.
30	HAPBS03	978	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g.,

				the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under	increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described

				appropriate differentiation conditions known in the art.	below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease,

					hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies,

					muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
31	HAPNY86	979	Activation of transcription through STAT6	Assays for the activation of transcription through the Signal Transducers and	A highly preferred indication is allergy. Another highly preferred

			response element in immune cells (such as T-cells).	Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-	indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
32	HAPNY94	980	Activation of Adipocyte ERK	Kinase assay. Kinase assays, for example an Elk-1 kinase	A highly preferred embodiment of the invention

			Signaling Pathway	assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol	includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications

				Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

					(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g.,

					infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms

					and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
33	HAPPW30	981	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g.,

				p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia,

				activity.	leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
34	HAPQT22	982	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as

				factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical	described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an

					infectious disease as described below under "Infectious Disease").
34	HAPQT22	982	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia,

					lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
35	HAPUC89	983	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g.,

				the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under	increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described

				appropriate differentiation conditions known in the art.	below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease,

					hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies,

					muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
35	HAPUC89	983	Activation of transcription through NFAT	This reporter assay measures activation of the NFAT signaling pathway in HMC-1	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred

			response element in immune cells (such as mast cells).	human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HAPUC89	983	Activation of	Kinase assay. Kinase assays,	Highly preferred indications

35			Skeletal Muscle Cell ERK Signalling Pathway	for examplek Elk-1 kinase assays, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and	include endocrine disorders (e.g., as described below under "Endocrine Disorders") and disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under “Hyperproliferative Disorders”), blood disorders (e.g., as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure,

				Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and

					disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly

					preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Highly preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
36	HASAV70	984	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under

				assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

				by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
37	HASCG84	985	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly

				hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention	preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g.,

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
37	HASCG84	985	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases

				protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or	(e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below

				otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
38	HATAC53	986	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine.	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications

				Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc	include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms

				Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
39	HATBR65	987	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				(including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
39	HATBR65	987	Regulation of transcription of	Assays for the regulation of transcription of Malic Enzyme	A highly preferred indication is diabetes mellitus.

			Malic Enzyme in adipocytes	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998);	An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine

				Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver hepatoma cell line.	Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
40	HATCB92	988	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method

				the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that	for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
41	HATCP77	989	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under

				known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	"Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma,

				(2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described

					below under "Infectious Disease").
42	HATEE46	990	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system

					(e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications

					include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery

					disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph

					angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain

					management.
42	HATEE46	990	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

43	HBAFJ33	991	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune

				the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol;	response.

				Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
44	HBAFV19	992	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under

				agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to	"Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo	

				resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
46	HBCPB32	994	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly

				may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-	preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
47	HBCQL32	995	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
47	HBCQL32	995	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

				by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
48	HBGNU56	996	Activation of Hepatocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be	A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell differentiation. An alternative highly preferred embodiment of the invention includes a

				used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat liver hepatoma cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat liver hepatoma cells that may be used according to these assays include H4lle cells, which are known to respond to glucocorticoids, insulin, or cAMP derivatives.	method for inhibiting hepatocyte cell differentiation. A highly preferred embodiment of the invention includes a method for activating hepatocyte cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating hepatocyte cells. Highly preferred indications include disorders of the liver and/or endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity

					and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other

					diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems

					including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hepatitis, jaundice, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic disease, dyslipidemia and chlolesterol metabolism. Additional highly preferred indications include neoplasms and cancers, such as, hepatocarcinomas, other liver cancers, and colon and pancreatic cancer. Preferred indications also include prostate, breast, lung, esophageal, stomach, brain, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
49	HBHAD12	997	Production of IFNgamma using a	IFNgamma FMAT. IFNg plays a central role in the immune	A highly preferred embodiment of the invention

			T cells	system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon	includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated

				gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary	immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

				human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
50	HBHMA23	998	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications

				cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated	include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic,

				by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

51	HBIMB51	999	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune

				the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol;	response.

				Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
51	HBIMB51	999	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein	

				incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
53	HBJFU48	1001	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed	preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders

				through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

					cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred

					indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

53	HBJFU48	1001	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-

				immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are	mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
54	HBJIY92	1002	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A

				has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test	highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include

				immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

					sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
54	HBJIY92	1002	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases

				assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety.	(e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HBJLC01	1003	Activation of	Kinase assay. Kinase assays,	A highly preferred

55			Adipocyte PI3 Kinase Signalling Pathway	for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that	embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under

				may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below),

					diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal

					tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon,

					and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
55	HBJLC01	1003	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage

				adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are	(e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture).

				publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Additional highly preferred indications are complications associated with insulin resistance.
55	HBJLC01	1003	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g.,

				element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia,

					leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
55	HBJLC01	1003	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as

				factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical	described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an

					infectious disease as described below under "Infectious Disease").
55	HBJLC01	1003	Activation of transcription through STAT6 response element in immune cells (such as mast cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element in immune cells (such as in the human HMC-1 mast cell line) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10	Highly preferred indications include allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under “Hyperproliferative

				(1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Sherman, Immunol Rev 179:48-56 (2001); Malaviya and Uckun, J Immunol 168:421-426 (2002); Masuda et al., J Biol Chem 275(38):29331-29337 (2000); and Masuda et al., J Biol Chem 276:26107-26113 (2001), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include hematopoietic and immunological disorders such as arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HBJLC01	1003	Production of	RANTES FMAT. Assays for	

55			RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al.,	

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
56	HBJLF01	1004	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under

				the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are	"Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
56	HBJLF01	1004	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example,	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g.

				FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
57	HBJLH40	1005	Activation of transcription	Assays for the activation of transcription through the	A highly preferred indication is allergy.

			through STAT6 response element in immune cells (such as T-cells).	Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al.,	Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon,

				Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HBJNC59	1006	Activation of T-	Kinase assay. JNK and p38	Preferred indications include

58			Cell p38 or JNK Signaling Pathway.	kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol	neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
59	HBMCI50	1007	Production of IL-8 by immune cells (such as the human EOL-1 eosinophil cells)	Assay that measures the production of the chemokine interleukin-8 (IL-8) from immune cells (such as the EOL-1 human eosinophil cell	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders.

				line) are well known in the art (for example, measurement of IL-8 production by FMAT) and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. IL8 is a strong immunomodulator and may have a potential proinflammatory role in immunological diseases and disorders (such as allergy and asthma).	Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
59	HBMCI50	1007	Activation of transcription through GATA-3 response element in	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection

			immune cells (such as mast cells).	Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	(e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
59	HBMCI50	1007	Activation of transcription through NFAT response element in	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection

			immune cells (such as mast cells).	Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	(e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
59	HBMCI50	1007	Production of ICAM in	Endothelial cells, which are cells that line blood vessels,	Highly preferred indications include inflammation (acute

			endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays	and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
59	HBMCI50	1007	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also includie autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as

				secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and consequent complications (such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
59	HBMCI50	1007	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	

				antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety.	

				Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
59	HBMCI50	1007	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders",

				vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	"Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
60	HBNAW17	1008	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method

				the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that	for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
60	HBNAW17	1008	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental

				used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent	confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively,

				epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	weight gain. Additional highly preferred indications are complications associated with insulin resistance.
62	HBOEG69	1010	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	"Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g.,

					malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication

					is infection (e.g., an infectious disease as described below under “Infectious Disease”).
63	HBXFL29	1011	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38	eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
64	HCACU58	1012	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases

				Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	(e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
64	HCACU58	1012	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

				expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are	sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
64	HCACU58	1012	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms

				in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
64	HCACU58	1012	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may	Highly preferred indications include allergy and asthma. Additional highly preferred

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be	indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
65	HCACV51	1013	Inhibition of adipocyte ERK signaling pathway.	Kinase assay: measures the phosphorylation of Elk-1, an indication of activation of extracellular signal regulated kinase (ERK). ERK pathway regulates cell growth, proliferation and differentiation. Cells were pretreated with SID supernatants for 15-18 hours, and then 100 nM of insulin was added to stimulate ERK kinase. Phosphorylation of	

				Elk-1 was measured after a 20 minute incubation. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art. Cells were differentiated to an adipose-like state before being used in the screen. See Green et al., Cell 3: 127-133 (1974), the contents of which are herein incorporated by reference in its entirety.	
66	HCDAF84	1014	Activation of transcription through GATA-3 response element in	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection

			immune cells (such as mast cells).	Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	(e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
66	HCDAF84	1014	Activation of transcription through NFAT response element in	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection

			immune cells (such as mast cells).	Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	(e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
66	HCDAF84	1014	Production of ICAM in	Endothelial cells, which are cells that line blood vessels,	Highly preferred indications include inflammation (acute

			endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays	and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
66	HCDAF84	1014	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins	

				evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human	

				umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
66	HCDAF84	1014	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell

				used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
67	HCE1Q89	1015	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al.,	"Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, asthma and allergy.
68	HCE2F54	1016	Regulation of transcription through the PEPCK promoter in hepatocytes	Assays for the regulation of transcription through the PEPCK promoter are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the PEPCK promoter in a reporter construct and regulate liver gluconeogenesis. Exemplary assays for regulation of transcription through the PEPCK promoter that may be used or routinely modified to test for PEPCK promoter activity (in hepatocytes) of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988);	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the

				Lochhead et al., Diabetes 49(6):896-903 (2000); and Yeagley et al., J Biol Chem 275(23):17814-17820 (2000), the contents of each of which is herein incorporated by reference in its entirety. Hepatocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary liver hepatoma cells that may be used according to these assays include H4lle cells, which contain a tyrosine amino transferase that is inducible with glucocorticoids, insulin, or cAMP derivatives.	"Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., an infectious diseases or disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as

					described herein. Additional highly preferred indications include glycogen storage disease (e.g., glycogenoses), hepatitis, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic disease, dyslipidemia and cholesterol metabolism, and hepatocarcinomas. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), infection (e.g., an infectious disease and/or disorder as described below under "Infectious Disease"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), and neural disorders (e.g., as described below under "Neural Activity and Neurological

					Diseases"). Additional preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, and urinary cancer. A highly preferred indication is liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
68	HCE2F54	1016	Activation of transcription through NFKB response element in epithelial cells (such as HELA cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Wound Healing, and Inflamation. Highly preferred indications include neoplastic diseases (e.g., as described

				modulate expression of epithhelial genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Kaltschmidt B, et al., Oncogene, 18(21):3213-3225 (1999); Beetz A, et al., Int J Radiat Biol, 76(11):1443-1453 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Epithelial cells that may be	below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include include inflammation and inflammatory disorders.

				used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary epithelial cells that may be used according to these assays include the HELA cell line.	
68	HCE2F54	1016	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
68	HCE2F54	1016	Proliferation of pre-adipose cells (such	Assays for the regulation (i.e. increases or decreases) of	

			as 3T3-L1 cells)	viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its	

				entirety.	
68	HCE2F54	1016	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et	

				al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
68	HCE2F54	1016	Activation of transcription through NFKB response element in immune cells (such as the U937 human monocyte cell line).	This assay uses a NFKB response element (which will bind NFKB transcription factors) linked to a reporter gene to measure NFKB mediated transcription in the human monocyte cell line U937. NFKB is upregulated by cytokines and other factors and NFKB element activation leads to expression of immunomodulatory genes. Activation of NFKB in monocytes can play a role in immune responses. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include immunological and hematopoietic disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Monocytic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human monocyte cells that may be used according to these assays include the U937 cell line, which is cell line derived by Sundstrom and Nilsson in 1974 from malignant cells obtained from the pleural effusion of a patient with histiocytic lymphoma.	(e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
69	HCEFB80	1017	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g.,

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under “Infectious Disease”). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia,

					leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
69	HCEFB80	1017	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel

				proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary	blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or

				pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
70	HCEGR33	1018	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
71	HCEMP62	1019	Activation of transcription through NFKB response element in epithelial cells (such as HELA cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Wound Healing, and Inflamation. Highly preferred indications include neoplastic diseases (e.g., as described below under

				epithhelial genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Kaltschmidt B, et al., Oncogene, 18(21):3213-3225 (1999); Beetz A, et al., Int J Radiat Biol, 76(11):1443-1453 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Epithelial cells that may be used according to these assays	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include include inflammation and inflammatory disorders.

				are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary epithelial cells that may be used according to these assays include the HELA cell line.	
71	HCEMP62	1019	Activation of transcription through NFKB response element in immune cells (such as the U937 human monocyte cell line).	This assay uses a NFKB response element (which will bind NFKB transcription factors) linked to a reporter gene to measure NFKB mediated transcription in the human monocyte cell line U937. NFKB is upregulated by cytokines and other factors and NFKB element activation leads to expression of immunomodulatory genes. Activation of NFKB in monocytes can play a role in immune responses. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include immunological and hematopoietic disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Monocytic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human monocyte cells that may be used according to these assays include the U937 cell line, which is cell line derived by Sundstrom and Nilsson in 1974 from malignant cells obtained from the pleural effusion of a patient with histiocytic lymphoma.	(e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
72	HCENK38	1020	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996);	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell

				the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of

				the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization.

					Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis,

					hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders,

					vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease

					and Crohn's disease), and pain management.
72	HCENK38	1020	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies

				85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis,

					AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
72	HCENK38	1020	Activation of Hepatocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell differentiation. A highly preferred embodiment of the invention

				and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat liver hepatoma cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat liver hepatoma cells that may be used according to these assays include H4lle cells, which are known to respond to glucocorticoids, insulin, or cAMP derivatives.	includes a method for activating hepatocyte cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating hepatocyte cells. Highly preferred indications include disorders of the liver and/or endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease").

					A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia,

					endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred

					indications include, hepatitis, jaundice, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic disease, dyslipidemia and chlolesterol metabolism. Additional highly preferred indications include neoplasms and cancers, such as, hepatocarcinomas, other liver cancers, and colon and pancreatic cancer. Preferred indications also include prostate, breast, lung, esophageal, stomach, brain, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
73	HCEWE17	1021	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis,

				(including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke
74	HCEWE20	1022	Regulation of transcription of Malic Enzyme in hepatocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the mouse 3T3-L1 cell line. 3T3-L1 is a mouse preadipocyte cell line (adherent). It is a continuous substrain of 3T3 fibroblasts developed through clonal isolation. Cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
74	HCEWE20	1022	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may	Preferred embodiments of the invention include using polypeptides of the invention

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	(or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

76	HCFMV71	1024	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is an IL-2 dependent suspension culture cell line that also responds to IL-4.	indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
76	HCFMV71	1024	Activation of transcription through cAMP response element in	Assays for the activation of transcription through the cAMP response element are well-known in the art and may	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

			immune cells (such as T-cells).	be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, bind to CREB transcription factor, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated	Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins

				by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
76	HCFMV71	1024	Activation of transcription through GAS	Assays for the activation of transcription through the Gamma Interferon Activation	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

			response element in immune cells (such as T-cells).	Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the	and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional

				contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
76	HCFMV71	1024	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia,

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
77	HCFNN01	1025	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated

				85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include

					anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
79	HCHNF25	1027	Calcium flux in immune cells (such as monocytes)	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. Cells normally have	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Infection, Inflammation, Atherosclerosis,

				very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux in immune cells (such as monocytes) include assays disclosed in: Chan, CC, et al., J Pharmacol Exp Ther, 269(3):891-896 (1994); Andersson, K, et al., Cytokine, 12(12):1784-1787 (2000); Scully, SP, et al., J Clin Invest, 74(2) 589-599 (1984); and, Sullivan, E, et al., Methods Mol Biol, 114:125-133 (1999), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be	Hypersensitivity, and Leukemias

				used according to these assays include the THP-1 monocyte cell line.	
80	HCMSQ56	1028	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				microvascular endothelial cells (MVEC).	
81	HCMST14	1029	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly

				cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or	preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
83	HCNSB61	1031	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a

				modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that	method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under “Hyperproliferative

				may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below),

					diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An

					additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma,

					prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
83	HCNSB61	1031	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension,

					aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors,

					leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s

					disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular

					degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
	HCNSD93	1032	Regulation of	Caspase Apoptosis. Assays for	Preferred embodiments of the

84			apoptosis of immune cells (such as mast cells).	caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A,	invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
85	HCNSM70	1033	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas,

				cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by	congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
86	HCOOS80	1034	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include

				modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human	inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				natural killer cell line with cytolytic and cytotoxic activity.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
87	HCUBS50	1035	Activation of transcription through GAS response element in immune cells (such as eosinophils).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate gene expression (commonly via STAT transcription factors) involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting an eosinophil-mediated immune

				GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995); the contents of each of which are herein incorporated by reference in its entirety. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate or inhibit activation of immune cells include assays disclosed and/or cited in: Mayumi M., "EoL-1, a human eosinophilic cell line" Leuk Lymphoma; Jun;7(3):243-50 (1992);	response and, alternatively, suppressing an eosinophil-mediated immune response.

				Bhattacharya S, "Granulocyte macrophage colony-stimulating factor and interleukin-5 activate STAT5 and induce CIS1 mRNA in human peripheral blood eosinophils" Am J Respir Cell Mol Biol; Mar;24(3):312-6 (2001); and, Du J, et al., "Engagement of the CrkL adapter in interleukin-5 signaling in eosinophils" J Biol Chem; Oct 20;275(42):33167-75 (2000); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are a type of immune cell important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Increases in GAS mediated transcription in eosinophils is typically a result of STAT activation, normally a direct consequence of interleukin or other cytokine	

				receptor stimulation (e.g. IL3, IL5 or GMCSF).	
87	HCUBS50	1035	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under

				18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is an IL-2 dependent suspension culture cell line that also responds to IL-4.	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
88	HCUCK44	1036	Protection from Endothelial Cell	Caspase Apoptosis Rescue. Assays for caspase apoptosis	A highly preferred embodiment of the invention

			Apoptosis.	rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells	includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for

				that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular

					disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma,

					hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis,

					lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas,

					heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain management.
88	HCUCK44	1036	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred

				cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and	embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia.
89	HCUEO60	1037	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
90	HCUHK65	1038	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described

				expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line,	below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and

				which is a human natural killer cell line with cytolytic and cytotoxic activity.	cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
91	HCUIM65	1039	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g.,

				tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to	heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	
91	HCUIM65	1039	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure,

				functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem	nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and

				273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
91	HCUIM65	1039	Activation of transcription through serum response element in pre-adipocytes.	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred

				antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be	indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

				used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below). Additional highly preferred indications are complications associated with insulin resistance.
91	HCUIM65	1039	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein	

				incorporated by reference in its entirety.	
91	HCUIM65	1039	Stimulation of Calcium Flux in pancreatic beta cells.	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. For example, the FLPR assay may be used to measure influx of calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Satin LS, et al., Endocrinology, 136(10):4589-	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the

				601 (1995);Mogami H, et al., Endocrinology, 136(7):2960-6 (1995); Richardson SB, et al., Biochem J, 288 (Pt 3):847-51 (1992); and, Meats, JE, et al., Cell Calcium 1989 Nov-Dec;10(8):535-41 (1989), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-	"Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

				1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	
91	HCUIM65	1039	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma,

				GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
91	HCUIM65	1039	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma,

				may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
91	HCUIM65	1039	Activation of transcription through NFKB response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFkB signaling pathway in HMC-1 human mast cell line. Activation of NFkB in mast cells has been linked to production of certain cytokines, such as IL-6 and IL-9. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include

				may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Stassen et al, J Immunol 166(7):4391-8 (2001); and Marquardt and Walker, J Allergy Clin Immunol 105(3):500-5 (2000), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast	neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".

				cell leukemia, and exhibits many characteristics of immature mast cells.	
91	HCUIM65	1039	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				(CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
91	HCUIM65	1039	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with	inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

				cytolytic and cytotoxic activity.	arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
91	HCUIM65	1039	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
91	HCUIM65	1039	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

					disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
91	HCUIM65	1039	Activation of transcription through GAS response element in	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below

			immune cells (such as T-cells).	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are	under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include

				herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
92	HCWEB58	1040	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
93	HCWGU37	1041	Calcium flux in chondrocytes	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux in chondrocytes include assays disclosed in: Asada S, et al., Inflamm Res, 50(1):19-23 (2001); Schwartz Z, et al., J Bone Miner Res, 6(7):709-718 (1991); Iannotti	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Bone and Cartilage Diseases, including but not limited to Arthritis, Cartilige repair, Bone Repair, Osteoporosis, and related tumors including chondrosarcomas, chondroblastomas, and chondromas.

				JP, et al., J Bone Joint Surg Am, 67(1): 113-120 (1985); Sullivan E., et al., Methods Mol Biol 1999; 114:125-133 (1999), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include bovine chondrocytes.	
94	HCWKC15	1042	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage

				DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem.	(e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or

				2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
94	HCWKC15	1042	Activation of transcription through cAMP response element	Assays for the activation of transcription through the cAMP response element are well-known in the art and may	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred

			(CRE) in pre-adipocytes.	be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation	"Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.

				conditions known in the art.	
94	HCWKC15	1042	Activation of transcription through serum response element in pre-adipocytes.	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g.,

				content of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below). Additional highly preferred indications are complications associated with insulin resistance.
94	HCWKC15	1042	Activation of transcription through GAS response element in immune cells (such as eosinophils).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and

				the invention) to modulate gene expression (commonly via STAT transcription factors) involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995); the contents of each of which are herein incorporated by reference in its entirety. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the	"Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting an eosinophil-mediated immune response and, alternatively, suppressing an eosinophil-mediated immune response.

				invention (including antibodies and agonists or antagonists of the invention) to activate or inhibit activation of immune cells include assays disclosed and/or cited in: Mayumi M., "EoL-1, a human eosinophilic cell line" Leuk Lymphoma; Jun;7(3):243-50 (1992); Bhattacharya S, "Granulocyte macrophage colony-stimulating factor and interleukin-5 activate STAT5 and induce CIS1 mRNA in human peripheral blood eosinophils" Am J Respir Cell Mol Biol; Mar;24(3):312-6 (2001); and, Du J, et al., "Engagement of the CrkL adapter in interleukin-5 signaling in eosinophils" J Biol Chem; Oct 20;275(42):33167-75 (2000); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are a type of immune cell important in the late stage of allergic reactions;	

				they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Increases in GAS mediated transcription in eosinophils is typically a result of STAT activation, normally a direct consequence of interleukin or other cytokine receptor stimulation (e.g. IL3, IL5 or GMCSF).	
94	HCWKC15	1042	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of	immunodeficiencies (e.g., as described below).

				eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
94	HCWKC15	1042	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to	indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	mellitus, endocarditis, meningitis, and Lyme Disease.
94	HCWKC15	1042	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	mellitus, endocarditis, meningitis, and Lyme Disease.
94	HCWKC15	1042	Activation of transcription through NFKB response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFkB signaling pathway in HMC-1 human mast cell line. Activation of NFkB in mast cells has been linked to production of certain cytokines, such as IL-6 and IL-9. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes.	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Stassen et al, J Immunol 166(7):4391-8 (2001); and Marquardt and Walker, J Allergy Clin Immunol 105(3):500-5 (2000), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an	immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".

				immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
94	HCWKC15	1042	Activation of transcription through STAT6 response element in immune cells (such as mast cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element in immune cells (such as in the human HMC-1 mast cell line) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or	Highly preferred indications include allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia,

				antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Sherman, Immunol Rev 179:48-56 (2001); Malaviya and Uckun, J Immunol 168:421-426 (2002); Masuda et al., J Biol Chem 275(38):29331-29337 (2000); and Masuda et al., J Biol Chem 276:26107-26113 (2001), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits	lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include hematopoietic and immunological disorders such as arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				many characteristics of immature mast cells.	
94	HCWKC15	1042	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under “Hyperproliferative

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
94	HCWKC15	1042	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases

				invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993),	(e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred

				the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
94	HCWKC15	1042	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are	"Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
94	HCWKC15	1042	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred

				regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be	indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally,

				used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

					mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
94	HCWKC15	1042	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NKL cell line, which is a human natural killer cell line established from the peripheral blood of a patient with large granular lymphocytic leukemia. This IL-2 dependent suspension culture cell line has a morphology resembling that of activated NK cells.	include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
94	HCWKC15	1042	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications

				85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and

					tissues, endocarditis, meningitis, and Lyme Disease.
94	HCWKC15	1042	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and

				166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

					preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
94	HCWKC15	1042	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious

					Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
94	HCWKC15	1042	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as

				NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T	described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
94	HCWKC15	1042	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases

				modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell	(e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

				line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
95	HCWLD74	1043	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic

				expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol	nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired

				20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
95	HCWLD74	1043	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and

				production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp	inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
95	HCWLD74	1043	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and

				production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
95	HCWLD74	1043	Activation of transcription through cAMP response element in immune cells (such	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

			as T-cells).	to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T	"Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is a suspension culture of IL-2 dependent T cells that also respond to IL-4.	Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
95	HCWLD74	1043	Activation of transcription through NFAT	Assays for the activation of transcription through the Nuclear Factor of Activated T	Highly preferred indications include blood disorders (e.g., as described below under

			response element in immune cells (such as natural killer cells).	cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for

				Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
95	HCWLD74	1043	Activation of transcription through serum	Assays for the activation of transcription through the Serum Response Element	A preferred embodiment of the invention includes a method for inhibiting (e.g.,

			response element in immune cells (such as natural killer cells).	(SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of	reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly

				which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
95	HCWLD74	1043	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus

					disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
96	HCWUM50	1044	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a

				modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that	method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under “Hyperproliferative

				may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below),

					diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An

					additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma,

					prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
97	HCYBG92	1045	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used	below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
98	HDABR72	1046	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed	preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders

				through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

					cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred

					indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

99	HDHEB60	1047	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed	microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.

				through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	
99	HDHEB60	1047	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
99	HDHEB60	1047	Production of VCAM in endothelial cells (such as human umbilical vein	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred

			endothelial cells (HUVEC))	polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM	indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				expression plays a role in promoting immune and inflammatory responses.	
99	HDHEB60	1047	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia,

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
99	HDHEB60	1047	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative

				85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted

					organs, asthma and allergy.
99	HDHEB60	1047	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
99	HDHEB60	1047	Activation of transcription through CD28	Assays for the activation of transcription through the CD28 response element are well-	A highly preferred embodiment of the invention includes a method for

			response element in immune cells (such as T-cells).	known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by	stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel

					disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
99	HDHEB60	1047	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g.,

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under “Infectious Disease”). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia,

					leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
99	HDHEB60	1047	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T

				transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that	cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

				may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
99	HDHEB60	1047	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as

				may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
99	HDHEB60	1047	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line,	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

				which is a suspension culture of IL-2 and IL-4 responsive T cells.	arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
100	HDHIA94	1048	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation,	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"),

				modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast,

				which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below

					under “Infectious Disease”).
101	HDHMA72	1049	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms

				90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NKL cell line, which is a human natural killer cell line established from the peripheral blood of a patient with large granular lymphocytic leukemia. This IL-2 dependent suspension culture cell line has a morphology resembling that of activated NK cells.	and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
	HDLAC10	1050	Activation of	Assays for the activation of	A preferred embodiment of

102			transcription through serum response element in immune cells (such as T-cells).	transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by	the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in

				reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
102	HDLAC10	1050	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-

				cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
104	HDPBI32	1052	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment

				may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety.	of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under

				Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

					Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the

					urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred

					indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
105	HDPBQ71	1053	Regulation of viability or proliferation of immune cells (such as human eosinophil EOL-1 cells).	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also

				culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eosinophil cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary eosinophil cells that may be used according to these assays include EOL-1 Cells.	include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
105	HDPBQ71	1053	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune

				and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
106	HDPCJ91	1054	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al.,	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal

				Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under

					"Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders"

					section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein.

					Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
107	HDPCO25	1055	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ohtani KI, et al., Endocrinology, 139(1):172-8 (1998); Krautheim A, et al, Exp Clin Endocrinol Diabetes, 107 (1):29-34 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g.,	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
107	HDPCO25	1055	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	"Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
108	HDPCY37	1056	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred

				invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
108	HDPCY37	1056	SEAP in OE-33		
108	HDPCY37	1056	Activation of transcription	Assays for the activation of transcription through the	Highly preferred indications include inflammation and

			through NFKB response element in immune cells (such as T-cells).	NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are	inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia,

				herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
108	HDPCY37	1056	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may	Highly preferred indications include allergy and asthma. Additional highly preferred

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be	indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
109	HDPFB02	1057	SEAP in HIB/CRE		
109	HDPFB02	1057	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g.,

				art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell,	as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease,

				Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
109	HDPFB02	1057	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and

				endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell	cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
110	HDPFF39	1058	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic

				Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis,

					meningitis, and Lyme Disease.
110	HDPFF39	1058	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
111	HDPFP29	1059	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure,

				stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are	cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				herein incorporated by reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
112	HDPGI49	1060	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular	embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac

				permeability, vascular tone, and immune cell extravasation.	hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as

					well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal,

					stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring,

					ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

					sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
113	HDPGP94	1061	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders").

				chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases

				assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	(e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
113	HDPGP94	1061	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828	"Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid

				(1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious

					disease as described below under “Infectious Disease”).
114	HDPHI51	1062	Regulation of transcription through the FAS promoter element in hepatocytes	Assays for the regulation of transcription through the FAS promoter element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the FAS promoter element in a reporter construct and to regulate transcription of FAS, a key enzyme for lipogenesis. FAS promoter is regulated by many transcription factors including SREBP. Insulin increases FAS gene transcription in livers of diabetic mice. This stimulation of transcription is also somewhat glucose dependent. Exemplary assays that may be used or routinely modified to test for FAS promoter element activity (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention)	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the

				include assays disclosed in Xiong, S., et al., Proc Natl Acad Sci U.S.A., 97(8):3948-53 (2000); Roder, K., et al., Eur J Biochem, 260(3):743-51 (1999); Oskouian B, et al., Biochem J, 317 (Pt 1):257-65 (1996); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	"Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
114	HDPHI51	1062	Activation of transcription through STAT6 response element in immune cells (such	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred

			as T-cells).	well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987	indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred

				(1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
115	HDPJF37	1063	Activation of transcription through NFAT response in immune	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

			cells (such as T-cells).	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999);	Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

				Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
116	HDPMM88	1064	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as,

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and	rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
116	HDPMM88	1064	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	

				regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate	

				the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
117	HDPNC61	1065	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred

				invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
117	HDPNC61	1065	Activation of transcription through GAS response element in	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and

			immune cells (such as eosinophils).	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate gene expression (commonly via STAT transcription factors) involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995); the contents of each of which are	inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting an eosinophil-mediated immune response and, alternatively, suppressing an eosinophil-mediated immune response.

				herein incorporated by reference in its entirety. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate or inhibit activation of immune cells include assays disclosed and/or cited in: Mayumi M., "EoL-1, a human eosinophilic cell line" Leuk Lymphoma; Jun;7(3):243-50 (1992); Bhattacharya S, "Granulocyte macrophage colony-stimulating factor and interleukin-5 activate STAT5 and induce CIS1 mRNA in human peripheral blood eosinophils" Am J Respir Cell Mol Biol; Mar;24(3):312-6 (2001); and, Du J, et al., "Engagement of the CrkL adapter in interleukin-5 signaling in eosinophils" J Biol Chem; Oct 20;275(42):33167-75 (2000); the contents of each of which are herein incorporated by reference in its	

				entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are a type of immune cell important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Increases in GAS mediated transcription in eosinophils is typically a result of STAT activation, normally a direct consequence of interleukin or other cytokine receptor stimulation (e.g. IL3, IL5 or GMCSF).	
117	HDPNC61	1065	Activation of Endothelial Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation.	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment

				Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Berra et al., Biochem Pharmacol 60(8):1171-1178 (2000); Gupta et al., Exp Cell Res 247(2):495-504 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are	of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell differentiation. An alternative highly preferred embodiment of the invention includes a

				endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	method for inhibiting endothelial cell differentiation. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular

					disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma,

					hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis,

					lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas,

					heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain management.
117	HDPNC61	1065	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred

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				modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety.	indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders.

				Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
117	HDPNC61	1065	Production of RANTES in bronchial epithelium cells	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	

				invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Epithelial cells were isolated from bronchia/trachea immediately postmortem from humans who were free of known respiratory diseases. See Wu et al., Am Rev Respir Dis. 132(2):311-20 (1985), the contents of which are herein incorporated by reference in its entirety.	
118	HDPND46	1066	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival.

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells.	A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune

				3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel

					blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

					weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign

					dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
118	HDPND46	1066	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for

				or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and	example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
118	HDPND46	1066	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also includie autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g.,

				antagonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and consequent complications (such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
119	HDPOE32	1067	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular

				invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	Disease, Athereosclerosis, Restenosis, and Stroke
120	HDPOH06	1068	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis,

				expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	Restenosis, and Stroke
120	HDPOH06	1068	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic

				and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6.	lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
121	HDPOZ56	1069	Activation of transcription through GAS response element in epithelial cells (such as HELA cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Wound Healing, and Inflamation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and

				of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: You M, et al, J Biol Chem, 272(37):23376-23381(1997); Min W, et al., Circ Res, 83(8):815-823 (1998); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Epithelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary epithelial cells that may be used according to these assays include the HELA cell line.	urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include include inflammation and inflammatory disorders.
121	HDPOZ56	1069	Activation of Endothelial Cell	Kinase assay. JNK and p38 kinase assays for signal	A highly preferred embodiment of the invention

			p38 or JNK Signaling Pathway.	transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which	includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred

				are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular

					regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders.

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					Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms,

					restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis

					and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
122	HDPSP54	1070	Activation of Endothelial Cell JNK Signaling	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation,	A highly preferred embodiment of the invention includes a method for

			Pathway.	activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety.	stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for

				Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	inhibiting the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention include a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular

					disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma,

					hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis,

					lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas,

					heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
122	HDPSP54	1070	Regulation of apoptosis in pancreatic beta cells.	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic

				(including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Apoptosis in pancreatic beta is associated with induction and progression of diabetes. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Loweth, AC, et al., FEBS Lett, 400(3):285-8 (1997); Saini, KS, et al., Biochem Mol Biol Int, 39(6):1229-36 (1996); Krautheim, A., et al., Br J Pharmacol, 129(4):687-94 (2000); Chandra J, et al., Diabetes, 50 Suppl 1:S44-7 (2001); Suk K, et al., J Immunol, 166(7):4481-9 (2001); Tejedo J, et al., FEBS Lett, 459(2):238-43 (1999); Zhang, S., et al., FEBS Lett, 455(3):315-20 (1999); Lee et al., FEBS Lett 485(2-3): 122-	nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired

				126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include RIN-m. RIN-m is a rat adherent pancreatic beta cell insulinoma cell line derived from a radiation induced transplantable rat islet cell tumor. The cells produce and secrete islet polypeptide hormones, and produce insulin, somatostatin,and possibly glucagon. ATTC: #CRL-2057 Chick et al. Proc. Natl. Acad. Sci. 1977 74:628; AF et al. Proc. Natl. Acad. Sci. 1980 77:3519.	wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
122	HDPSP54	1070	Production of IL-10 and activation of T-	Assays for production of IL-10 and activation of T-cells are	Highly preferred indications include allergy and asthma.

			cells.	well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety.	Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
124	HDPTK41	1072	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune

				and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
126	HDPUH26	1074	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing)

				107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication

					is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as

					described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia,

					gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
126	HDPUH26	1074	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein	

				incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
127	HDPUW68	1075	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed	preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders

				through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

					cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred

					indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

127	HDPUW68	1075	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
127	HDPUW68	1075	Stimulation of Calcium Flux in pancreatic beta cells.	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. For example, the FLPR assay may be used to measure influx of calcium. Cells normally have very low concentrations of cytosolic	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve

				calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Satin LS, et al., Endocrinology, 136(10):4589-601 (1995);Mogami H, et al., Endocrinology, 136(7):2960-6 (1995); Richardson SB, et al., Biochem J, 288 (Pt 3):847-51 (1992); and, Meats, JE, et al., Cell Calcium 1989 Nov-Dec;10(8):535-41 (1989), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely	disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and

				generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
127	HDPUW68	1075	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention

				antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle,	includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under

				that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	"Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve

					disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and

					Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and

					urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
128	HDPVH60	1076	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease,

					inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
129	HDPVW11	1077	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells	described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia,

				that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
129	HDPVW11	1077	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically	

				active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
130	HDPWN93	1078	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also

				and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate	include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents	

				of each of which are herein incorporated by reference in its entirety.	
130	HDPWN93	1078	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999);	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred

				Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of

					the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization.

					Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis,

					hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders,

					vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease

					and Crohn's disease), and pain management.
131	HDPWU34	1079	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include

				which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other

					diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the

					"Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms

					and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
131	HDPWU34	1079	Activation of transcription through GAS response element in immune cells (such as eosinophils).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate gene expression (commonly via STAT transcription factors) involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995); the contents of each of which are herein incorporated by reference in its entirety. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate or inhibit activation of immune cells include assays disclosed and/or cited in: Mayumi M., "EoL-1, a human eosinophilic	described below), boosting an eosinophil-mediated immune response and, alternatively, suppressing an eosinophil-mediated immune response.

				cell line" Leuk Lymphoma; Jun;7(3):243-50 (1992); Bhattacharya S, "Granulocyte macrophage colony-stimulating factor and interleukin-5 activate STAT5 and induce CIS1 mRNA in human peripheral blood eosinophils" Am J Respir Cell Mol Biol; Mar;24(3):312-6 (2001); and, Du J, et al., "Engagement of the CrkL adapter in interleukin-5 signaling in eosinophils" J Biol Chem; Oct 20;275(42):33167-75 (2000); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are a type of immune cell important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Increases in GAS mediated transcription in eosinophils is typically a result of STAT activation, normally a	

				direct consequence of interleukin or other cytokine receptor stimulation (e.g. IL3, IL5 or GMCSF).	
131	HDPWU34	1079	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed	

				through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
131	HDPWU34	1079	Activation of Transcription	Assays for activation of transcription are well-known in the art and may be used and routinely modified to assess ability of polypeptides of the invention to inhibit or activate transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model for studies on the mechanism of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al., Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by	

				reference in its entirety.	
132	HDQHD03	1080	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
133	HDTBD53	1081	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas,

				cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by	congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
134	HDTBP04	1082	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as

				factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical	described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an

					infectious disease as described below under "Infectious Disease").
134	HDTBP04	1082	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia,

					lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
134	HDTBP04	1082	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
135	HDTDQ23	1083	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An

				agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular

					regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders.

					Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms,

					restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis

					and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
135	HDTDQ23	1083	Stimulation of Calcium Flux in pancreatic beta	Assays for measuring calcium flux are well-known in the art and may be used or routinely	A highly preferred indication is diabetes mellitus. An additional highly preferred

			cells.	modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. For example, the FLPR assay may be used to measure influx of calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Satin LS, et al., Endocrinology, 136(10):4589-601 (1995);Mogami H, et al., Endocrinology, 136(7):2960-6 (1995); Richardson SB, et al., Biochem J, 288 (Pt 3):847-51 (1992); and, Meats, JE, et al.,	indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

				Cell Calcium 1989 Nov-Dec;10(8):535-41 (1989), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

136	HDTEK44	1084	Production of IFNgamma using Natural Killer cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2; promotes IgG2a and inhibits IgE; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" (e.g. cancer/tumorigenesis) and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency

				evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Natural Killer (NK) cells that may be used according to these assays are publicly available (e.g., through the	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response, boosting antibody-dependent immune responses, suppressing antibody-dependent immune responses, boosting innate immunity and immune responses, and suppressing innate immunity and immune responses. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic,

				~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
137	HDTEN81	1085	CD152 in Human T cells		
138	HDTFE17	1086	Activation of transcription through NFAT	Assays for the activation of transcription through the Nuclear Factor of Activated T	Highly preferred indications include blood disorders (e.g., as described below under

			response element in immune cells (such as natural killer cells).	cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for

				Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
139	HDTGC73	1087	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may	Preferred embodiments of the invention include using polypeptides of the invention

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	(or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke
140	HDTIT10	1088	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing)

				IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and	IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred

				upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and	indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

				upregulate T cell proliferation and functional activities.	lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
140	HDTIT10	1088	SEAP in HepG2/Squale-synthetase(stimulation)		
141	HDTMK50	1089	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A

				invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays	highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications

				include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease,

					sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
142	HE2DY70	1090	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic

				function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by	lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
143	HE2EB74	1091	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention

				antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to	includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for

				these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or

					as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma,

					angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly

					preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as

					described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
144	HE2EN04	1092	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"),

				inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated	

				with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
145	HE2FV03	1093	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

				L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	
145	HE2FV03	1093	SEAP in OE-33		
146	HE2NV57	1094	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g.,

				p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia,

				activity.	leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
146	HE2NV57	1094	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes.	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel

				Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells.	blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

				HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
146	HE2NV57	1094	TNFa in Human T-cell 293T		
147	HE2PD49	1095	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly

				hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention	preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g.,

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
147	HE2PD49	1095	IL-2 in Human T-cell 2B9		
148	HE2PY40	1096	CD152 in Human T cells		
148	HE2PY40	1096	SEAP in Jurkat/IL4 promoter		
149	HE6EU50	1097	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular	

				carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
149	HE6EU50	1097	CD69 in Human T cells		
149	HE6EU50	1097	IL-2 in Human T-cell 293T		
149	HE6EU50	1097	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that	inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

				produce IL-2 when stimulated.	arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
149	HE6EU50	1097	SEAP in Jurkat/IL4 promoter		
149	HE6EU50	1097	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

				routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an

					infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
150	HE8DS15	1098	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A

				invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available	highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under “Hyperproliferative Disorders”). Preferred indications include blood

				(e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage

					(e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or

					complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain,

					liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
150	HE8DS15	1098	Regulation of transcription of Malic Enzyme in adipocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

				used or routinely modified to test for regulation of transcription of Malic Enzyme (in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary	hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are

				hepatocytes that may be used according to these assays includes the H4IIE rat liver hepatoma cell line.	complications associated with insulin resistance.
150	HE8DS15	1098	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
151	HE8MH91	1099	Activation of transcription through NFKB response element in immune cells (such	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in

			as B-cells).	to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gri G, et al., Biol Chem, 273(11):6431-6438 (1998); Pyatt DW, et al., Cell Biol Toxicol 2000;16(1):41-51 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med	detection, diagnosis, prevention, and/or treatment of Cancer, Autoimmunity, Allergy and Asthma

				82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary immune cells that may be used according to these assays include the Reh B-cell line.	
152	HE8QV67	1100	IgG in Human B cells SAC		
152	HE8QV67	1100	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include

				immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are	inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
153	HE9BK23	1101	IgG in Human B cells SAC		
153	HE9BK23	1101	Activation of transcription	Assays for the activation of transcription through the	Highly preferred indications include inflammation and

			through NFKB response element in immune cells (such as T-cells).	NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are	inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia,

				herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
153	HE9BK23	1101	Activation of transcription through CD28 response element in	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation.

			immune cells (such as T-cells).	used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T	An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

					neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
154	HE9CP41	1102	SEAP in ATP-3T3-L1		
154	HE9CP41	1102	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm,	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below),

				Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
154	HE9CP41	1102	IL-10 in Human T-cell 2B9		
154	HE9CP41	1102	Caspase (+camptothecin) in SW480		
	HE9DG49	1103	Activation of	Assays for the activation of	Highly preferred indications

155			transcription through GAS response element in immune cells (such as T-cells).	transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and	include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and

				Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
155	HE9DG49	1103	IgG in Human B cells		
155	HE9DG49	1103	Caspase (+paclitaxel) in SW480		
155	HE9DG49	1103	SEAP in SW480		
156	HE9HY07	1104	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for

				used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a	inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders",

				continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness,

					nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with

					insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

					as, for example, hyperplasia, metaplasia, and/or dysplasia.
156	HE9HY07	1104	Regulation of transcription through the FAS promoter element in hepatocytes	Assays for the regulation of transcription through the FAS promoter element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the FAS promoter element in a reporter construct and to regulate transcription of FAS, a key enzyme for lipogenesis. FAS promoter is regulated by many transcription factors including SREBP. Insulin increases FAS gene transcription in livers of diabetic mice. This stimulation of transcription is also somewhat glucose dependent. Exemplary assays that may be used or routinely modified to test for FAS promoter element activity (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention)	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the

				include assays disclosed in Xiong, S., et al., Proc Natl Acad Sci U.S.A., 97(8):3948-53 (2000); Roder, K., et al., Eur J Biochem, 260(3):743-51 (1999); Oskouian B, et al., Biochem J, 317 (Pt 1):257-65 (1996); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	"Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
157	HE9NN84	1105	SEAP in 293/ISRE		
157	HE9NN84	1105	Activation of transcription through cAMP	Assays for the activation of transcription through the cAMP response element are	A highly preferred indication is obesity and/or complications associated with obesity.

			response element (CRE) in pre-adipocytes.	well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and	Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under	described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.

				appropriate differentiation conditions known in the art.	
157	HE9NN84	1105	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits	urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				many characteristics of immature mast cells.	
157	HE9NN84	1105	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral	urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
158	HE9OW20	1106	HLA-DR in Human T cells		
158	HE9OW20	1106	Activation of Skeletal Muscle Cell ERK Signalling Pathway	Kinase assay. Kinase assays, for examplek Elk-1 kinase assays, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-	Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders") and disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under “Hyperproliferative Disorders”), blood disorders (e.g., as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is

				Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as

					described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy,

					atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Highly preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
159	HE9RM63	1107	Activation of transcription through NFKB response element in epithelial cells (such as HELA cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Wound Healing, and Inflamation. Highly preferred

				invention) to regulate NFKB transcription factors and modulate expression of epithhelial genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Kaltschmidt B, et al., Oncogene, 18(21):3213-3225 (1999); Beetz A, et al., Int J Radiat Biol, 76(11):1443-1453 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by	indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include include inflammation and inflammatory disorders.

				reference in its entirety. Epithelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary epithelial cells that may be used according to these assays include the HELA cell line.	
160	HEAAR07	1108	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis,

					AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
160	HEAAR07	1108	Hexosaminidase in RBL-2H3		
161	HEBAE88	1109	SEAP in 3T3L1		
161	HEBAE88	1109	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies

				through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
161	HEBAE88	1109	SEAP in OE-33		
162	HEBBN36	1110	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are	

				herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
163	HEBCM63	1111	Activation of transcription through GAS response element in immune cells (such as eosinophils).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate gene expression (commonly via STAT transcription factors) involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting an eosinophil-mediated immune response and, alternatively,

				of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995); the contents of each of which are herein incorporated by reference in its entirety. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate or inhibit activation of immune cells include assays disclosed and/or cited in: Mayumi M., "EoL-1, a human eosinophilic cell line" Leuk Lymphoma; Jun;7(3):243-50 (1992); Bhattacharya S, "Granulocyte	suppressing an eosinophil-mediated immune response.

				macrophage colony-stimulating factor and interleukin-5 activate STAT5 and induce CIS1 mRNA in human peripheral blood eosinophils" Am J Respir Cell Mol Biol; Mar;24(3):312-6 (2001); and, Du J, et al., "Engagement of the CrkL adapter in interleukin-5 signaling in eosinophils" J Biol Chem; Oct 20;275(42):33167-75 (2000); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are a type of immune cell important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Increases in GAS mediated transcription in eosinophils is typically a result of STAT activation, normally a direct consequence of interleukin or other cytokine receptor stimulation (e.g. IL3,	

				IL5 or GMCSF).	
163	HEBCM63	1111	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below),

				immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using	boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include

				techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
164	HEBEJ18	1112	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis.	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include

				Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS,

				cell line with cytotoxic activity.	allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
165	HEEAG23	1113	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed	preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders

				through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

					cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred

					indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

165	HEEAG23	1113	Glucose Production in H4IIE		
165	HEEAG23	1113	CD69 in Human T cells		
165	HEEAG23	1113	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al.,	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal

				Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under

					"Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders"

					section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein.

					Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
165	HEEAG23	1113	SEAP in OE-33		
166	HEEAJ02	1114	SEAP in 3T3L1		
166	HEEAJ02	1114	Activation of transcription through AP1	Assays for the activation of transcription through the AP1 response element are known in	Preferred indications include neoplastic diseases (e.g., as described below under

			response element in immune cells (such as T-cells).	the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by	"Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast,

				reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
166	HEEAJ02	1114	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method

				the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that	for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
166	HEEAJ02	1114	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP	

				present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
166	HEEAJ02	1114	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
167	HEEAQ11	1115	Regulation of viability or proliferation of immune cells (such as human eosinophil EOL-1 cells).	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s

				Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eosinophil cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary eosinophil cells that may be used according to these assays include EOL-1 Cells.	disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
167	HEEAQ11	1115	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity",

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are	"Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
167	HEEAQ11	1115	CD71 in Human T cells		
168	HEEBI05	1116	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders.

				through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol	Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

				31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
169	HEGAH43	1117	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method

				agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells	for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac

				that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as

					well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal,

					stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring,

					ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

					sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
169	HEGAH43	1117	SEAP in HIB/CRE		
170	HEGAN94	1118	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
170	HEGAN94	1118	ICAM in OE19		
171	HEGBS69	1119	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

				variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J	Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under

				Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
171	HEGBS69	1119	CD152 in Human T cells		
172	HELGK31	1120	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g.,

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon,

				which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HELGK31	1120	Production of	IFNgamma FMAT. IFNg plays	A highly preferred

172			IFNgamma using a T cells	a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of	embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and

				cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art.	suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
173	HELHD85	1121	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"),

				routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid

					tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious

					disease as described below under “Infectious Disease”).
174	HELHL48	1122	CD152 in Human T cells		
174	HELHL48	1122	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature	

				prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
175	HEMAM41	1123	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include

				assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and

				(1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

175	HEMAM41	1123	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
176	HEPAA46	1124	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related

				for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

					melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An

					additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
176	HEPAA46	1124	IFNg in Human T-cell 2B9		
176	HEPAA46	1124	IL-2 in Human T-cell 2B9		
177	HEPAB80	1125	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative

				al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"),

					and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

					described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein.

					Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
177	HEPAB80	1125	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g.,

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ohtani KI, et al., Endocrinology, 139(1):172-8 (1998); Krautheim A, et al, Exp Clin Endocrinol Diabetes, 107 (1):29-34 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be	diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

				used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
177	HEPAB80	1125	IL-6 in HUVEC		
178	HEQAK71	1126	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells,	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing)

				fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-	TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis.

				204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
178	HEQAK71	1126	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

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				each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
179	HERAR44	1127	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can	multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".

				be induced to differentiate into mature basophils.	
179	HERAR44	1127	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				(MVEC).	
180	HESAJ10	1128	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
181	HETAB45	1129	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response	

				element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17	

				(1997), the contents of each of which are herein incorporated by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
181	HETAB45	1129	Activation of transcription	Assays for the activation of transcription through the	Preferred embodiments of the invention include using

			through NFKB response element in immune cells (such as B-cells).	NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gri G, et al., Biol Chem, 273(11):6431-6438 (1998); Pyatt DW, et al., Cell Biol Toxicol 2000;16(1):41-51 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle	polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Autoimmunity, Allergy and Asthma

				Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary immune cells that may be used according to these assays include the Reh B-cell line.	
182	HETBR16	1130	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				(2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
182	HETBR16	1130	SEAP in OE-21		
183	HETLM70	1131	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as

				and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma,

				invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
183	HETLM70	1131	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are	multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
183	HETLM70	1131	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may	systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

				be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
183	HETLM70	1131	SEAP in HIB/CRE		

184	HFABG18	1132	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g.,

					diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

					blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or

					disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
184	HFABG18	1132	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative

				routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment

					of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic

					disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as,

					prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and

					atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

					rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
184	HFABG18	1132	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis,

				used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin	infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
	HFABG18	1132	TNFa in Human T-		

184			cell 2B9		
184	HFABG18	1132	SEAP in NK16/STAT6		
185	HFAMB72	1133	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38	eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
186	HFAMH77	1134	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases

				Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	(e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
186	HFAMH77	1134	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad	disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

				Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
186	HFAMH77	1134	Production of RANTES in endothelial cells	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T	

			(such as human umbilical vein endothelial cells (HUVEC))	cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	

				(2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
187	HFCCQ50	1135	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for

				variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J	stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below

				Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
187	HFCCQ50	1135	Glucose Production in H4IIE		
187	HFCCQ50	1135	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases

				immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays	(e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
187	HFCCQ50	1135	Activation of transcription through NFKB response element in immune cells (such as the Jurkat human T cell line).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include immunological and hematopoietic disorders (e.g., as described below under "Immune Activity", "Blood-

				agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are	Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

				publicly available (e.g., through the ~~ATCC~~ATCC™). T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
187	HFCCQ50	1135	Activation of transcription through GAS response element in immune cells (such as monocytes).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Infection,

				invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gustafson KS, et al., J Biol Chem, 271(33):20035-20046 (1996); Eilers A, et al., Immunobiology, 193(2-4):328-333 (1995); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the	Cancer, Hypersensitivity, and Atherosclerosis.

				contents of each of which are herein incorporated by reference in its entirety. Exemplary immune cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary immune cells that may be used according to these assays include the U937 cell line, which is a monocytic cell line.	
188	HFCEW05	1136	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms

				tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
188	HFCEW05	1136	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
188	HFCEW05	1136	SEAP in Senescence Assay		
189	HFFAD59	1137	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol	retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

				Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through	blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	
189	HFFAD59	1137	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988);	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic

				Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis,

					meningitis, and Lyme Disease.
189	HFFAD59	1137	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
189	HFFAD59	1137	SEAP in Senescence Assay		
190	HFFAL36	1138	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection

				functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these	(e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

				assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
190	HFFAL36	1138	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related

				for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

					melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An

					additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
190	HFFAL36	1138	IL-10 in Human T-cell 2B9		
191	HFGAD82	1139	SEAP in HepG2/Squale-synthetase(stimulation)		
191	HFGAD82	1139	SEAP in HIB/CRE		
191	HFGAD82	1139	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is an IL-2 dependent suspension culture cell line that also responds to IL-4.	immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
191	HFGAD82	1139	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

				cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native	cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with

				pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	insulin resistance.
192	HFIIZ70	1140	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and	Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
193	HFKET18	1141	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or

				assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp	antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
193	HFKET18	1141	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the invention) to regulate NFAT transcription factors and	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below),

				modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used	immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
193	HFKET18	1141	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural

				inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have	killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				cytolytic and cytotoxic activity) or primary NK cells.	multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues,

					endocarditis, meningitis, Lyme Disease, and allergies.
194	HFKFG02	1142	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications

				Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred

					indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

					neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating

					disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
194	HFKFG02	1142	IL-10 in Human T-cell 293T		
195	HFOXB13	1143	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related

				modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that	Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				may be used according to these assays include the HT2 cell line, which is an IL-2 dependent suspension culture cell line that also responds to IL-4.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
196	HFPAC12	1144	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by	

				reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
196	HFPAC12	1144	IFNg in Human T-cell 2B9		
196	HFPAC12	1144	IL-2 in Human T-cell 2B9		
197	HFPAO71	1145	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy	

				Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
197	HFPAO71	1145	Production of IL-8 by immune cells (such as the human EOL-1 eosinophil cells)	Assay that measures the production of the chemokine interleukin-8 (IL-8) from immune cells (such as the EOL-1 human eosinophil cell line) are well known in the art (for example, measurement of IL-8 production by FMAT) and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. IL8 is a strong immunomodulator and may have a potential proinflammatory role in immunological diseases and disorders (such as allergy and	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				asthma).	Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
197	HFPAO71	1145	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also includie autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and

				not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	sepsis syndrome and consequent complications (such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
198	HFPCX09	1146	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases

				assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety.	(e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HFPCX09	1146	Activation of	This reporter assay measures	Highly preferred indications

198			transcription through GATA-3 response element in immune cells (such as mast cells).	activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HFPCX09	1146	Activation of	This reporter assay measures	Highly preferred indications

198			transcription through NFAT response element in immune cells (such as mast cells).	activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
198	HFPCX09	1146	VEGF in HT1080		
198	HFPCX09	1146	IL-12 in Human B cells		
198	HFPCX09	1146	IFNg in Human T-cell 293T		
198	HFPCX09	1146	IL-2 in Human T-cell 293T		
199	HFPCX36	1147	SEAP in Senescence Assay		
199	HFPCX36	1147	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS,

					granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
200	HFRAN90	1148	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

				invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under “Infectious Disease”). An additional

					preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
200	HFRAN90	1148	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
201	HFTCU19	1149	Activation of transcription through NFKB response element in neuronal cells (such as SKNMC cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of neuronal genes. Exemplary	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Neurological Diseases and Disorders (e.g. Alzheimer"s Disease, Parkinson"s Disease, Brain Cancer, Seizures).

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				assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gill JS, et al., Neurobiol Dis, 7(4):448-461 (2000); Tamatani M, et al., J Biol Chem, 274(13):8531-8538 (1999); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Neuronal cells that may be used according to these assays are publicly available (e.g.,	

				through the ~~ATCC~~ATCC™). Exemplary neuronal cells that may be used according to these assays include the SKNMC neuronal cell line.	
202	HFTDL56	1150	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al.,	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and

				Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
202	HFTDL56	1150	IL-6 in HUVEC		
202	HFTDL56	1150	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis,

				(including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke
202	HFTDL56	1150	SEAP in UMR-106		
203	HFTDZ36	1151	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly

				the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells	preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred

				(bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial

					infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary

					angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as

					peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred

					indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain management.
203	HFTDZ36	1151	IL-12 in Human B cells SAC		
203	HFTDZ36	1151	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
204	HFVAB79	1152	SEAP in Jurkat/IL4 promoter		
204	HFVAB79	1152	Hexosaminidase in RBL-2H3		
204	HFVAB79	1152	IL-8 in SW480		
204	HFVAB79	1152	SEAP in SW480		
205	HFVGE32	1153	Activation of Endothelial Cell	Kinase assay. JNK and p38 kinase assays for signal	A highly preferred embodiment of the invention

			p38 or JNK Signaling Pathway.	transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which	includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred

				are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular

					regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders.

					Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms,

					restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis

					and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
206	HFVIC62	1154	SEAP in HIB/CRE		
	HFVIC62	1154	Activation of	This reporter assay measures	Highly preferred indications

206			transcription through GATA-3 response element in immune cells (such as mast cells).	activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under “Hyperproliferative

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HFVIC62	1154	Activation of	This reporter assay measures	Highly preferred indications

206			transcription through NFAT response element in immune cells (such as mast cells).	activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
207	HFXAM76	1155	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes.	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

				Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes	sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of

				that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
208	HFXDJ75	1156	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays	"Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other

				are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
208	HFXDJ75	1156	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention

				expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these	includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune

				assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below

					under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
	HFXDJ75	1156	Activation of	Assays for the activation of	Highly preferred indications

208			transcription through NFKB response element in immune cells (such as T-cells).	transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the	include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell

				contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
209	HFXDN63	1157	Activation of transcription	Assays for the activation of transcription through the	A preferred embodiment of the invention includes a

			through serum response element in immune cells (such as natural killer cells).	Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117	method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid

				(1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
210	HFXGT26	1158	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				(2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
211	HFXGV31	1159	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation,	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"),

				modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast,

				which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below

					under “Infectious Disease”).
212	HFXHD88	1160	CD152 in Human T cells		
213	HFXHK73	1161	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999);	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes.

				Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An

					additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine

					Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis,

					degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
213	HFXHK73	1161	IgG in Human B cells		
214	HFXKJ03	1162	IgG in Human B cells SAC		
214	HFXKJ03	1162	Activation of Transcription	Assays for activation of transcription are well-known in the art and may be used and routinely modified to assess ability of polypeptides of the invention to inhibit or activate	

				transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model for studies on the mechanism of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al., Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by reference in its entirety.	
214	HFXKJ03	1162	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune

				in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example,

				cell line with cytolytic and cytotoxic activity.	leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and

					asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
215	HFXKT05	1163	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
216	HFXKY27	1164	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative

				are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by	highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as

				reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as

					described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section

					below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney

					cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
216	HFXKY27	1164	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

				routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an

					infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
216	HFXKY27	1164	Glucose Production in H4IIE		
216	HFXKY27	1164	IgG in Human B cells		
217	HGBFO79	1165	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.
217	HGBFO79	1165	Proliferation of immune cells (such	Assays for the regulation (i.e. increases or decreases) of	Highly preferred indications include asthma, allergy,

			as the HMC-1 human mast cell line)	viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Mast cells are found in connective and mucosal tissues throughout the body. Mast cell activation (via immunoglobulin E -antigen, promoted by T helper cell type 2 cytokines) is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in	mastocytosis (a rare, heterogeneous disorder characterized by excessive accumulation of mast cells, and their proliferation and action in the skin, central nervous system, and other organs). Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), infection (e.g., as described below under "Infectious Disease"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below).

				allergic disease and mast cell tumor survival. Mast cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary mast cells that may be used according to these assays include HMC-1, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
218	HGBHE57	1166	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line	

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				(~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
218	HGBHE57	1166	CD71 in Human T cells		
219	HGBIB74	1167	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
219	HGBIB74	1167	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

					conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
219	HGBIB74	1167	SEAP in NK16/STAT6		
219	HGBIB74	1167	Activation of transcription through GAS	Assays for the activation of transcription through the Gamma Interferon Activation	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

			response element in immune cells (such as T-cells).	Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the	and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional

				contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
220	HGLAL82	1168	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated

				368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
221	HHAAF20	1169	IL-13 in HMC		
221	HHAAF20	1169	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative

				are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly	highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune

				available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease,

					acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
222	HHBCS39	1170	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte

				assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation	activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity

				conditions known in the art.	and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other

					diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as

					described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
222	HHBCS39	1170	SEAP in HIB/CRE		
222	HHBCS39	1170	TNFa in Human T-cell 2B9		

223	HHEAA08	1171	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g.,

					diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

					blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or

					disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
223	HHEAA08	1171	CD152 in Human T cells		
223	HHEAA08	1171	RANTES in Human T cells		
223	HHEAA08	1171	IL-5 in Th2		
224	HHEMA59	1172	IL-6 in HUVEC		
224	HHEMA59	1172	Production of RANTES in endothelial cells (such as human umbilical vein	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in	

			endothelial cells (HUVEC))	the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995);	

				and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
224	HHEMA59	1172	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred

				regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be	indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally,

				used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

					mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
225	HHEMA75	1173	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, bind to CREB transcription factor, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

					sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
225	HHEMA75	1173	SEAP in Jurkat/IL4 promoter		
225	HHEMA75	1173	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with	inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

				cytolytic and cytotoxic activity.	arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
225	HHEMA75	1173	SEAP in NK16/STAT6		
225	HHEMA75	1173	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
225	HHEMA75	1173	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal

					cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under "Immune

					Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
225	HHEMA75	1173	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease),

				involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral

					infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
225	HHEMA75	1173	Activation of transcription through NFAT response element in	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

			immune cells (such as T-cells).	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999);	Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

				Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
225	HHEMA75	1173	Activation of transcription through NFKB response element in	Assays for the activation of transcription through the NFKB response element are well-known in the art and may	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications

			immune cells (such as T-cells).	be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T	include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
226	HHEMM74	1174	Activation of transcription through cAMP response element in immune cells (such	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

			as T-cells).	to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T	"Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
227	HHENQ22	1175	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6	A highly preferred embodiment of the invention includes a method for

				participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and	stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune

				the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen	response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
228	HHEPD24	1176	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly

				hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention	preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g.,

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
228	HHEPD24	1176	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under

				protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which,	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include

				when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
228	HHEPD24	1176	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include

				chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828	blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				(1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
228	HHEPD24	1176	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production.

				routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally,

				Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
229	HHEPM33	1177	SEAP in 293/ISRE		
229	HHEPM33	1177	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel

				adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™)	blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications

				and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	associated with insulin resistance.
229	HHEPM33	1177	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

				regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
229	HHEPM33	1177	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

				agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

				which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
229	HHEPM33	1177	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions.	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune

				Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia,

				Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
229	HHEPM33	1177	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	"Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g.,

					malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication

					is infection (e.g., an infectious disease as described below under “Infectious Disease”).
229	HHEPM33	1177	SEAP in NK16/STAT6		
229	HHEPM33	1177	Hexosaminidase in RBL-2H3		
229	HHEPM33	1177	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt’s lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include

					anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
230	HHEPT60	1178	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NKL cell line, which is a human natural killer cell line	immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

				established from the peripheral blood of a patient with large granular lymphocytic leukemia. This IL-2 dependent suspension culture cell line has a morphology resembling that of activated NK cells.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
231	HHEPU04	1179	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

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				expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-	"Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative

				204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

					An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
231	HHEPU04	1179	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and

				assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which,	suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include

				when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
232	HHFBY53	1180	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred

				antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells	embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention

				that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic

					hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis,

					hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease,

					and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include

					blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
233	HHFEC49	1181	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression.	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood

				Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include

				invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to	neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

				immunomodulatory factors.	reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
234	HHFFJ48	1182	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al.,	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications

				Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic

					retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

					blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating

					disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
235	HHFGR93	1183	SEAP in Alk Phos C2C12		
235	HHFGR93	1183	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is

				and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are	infection (e.g., an infectious disease as described below under "Infectious Disease"). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

				herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
235	HHFGR93	1183	Activation of transcription through NFKB response element in	Assays for the activation of transcription through the NFKB response element are well-known in the art and may	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or

			epithelial cells (such as HELA cells).	be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of epithhelial genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Kaltschmidt B, et al., Oncogene, 18(21):3213-3225 (1999); Beetz A, et al., Int J Radiat Biol, 76(11):1443-1453 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J	antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Wound Healing, and Inflamation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include include inflammation and inflammatory disorders.

				Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Epithelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary epithelial cells that may be used according to these assays include the HELA cell line.	
235	HHFGR93	1183	IFNg in Human T-cell 2B9		
235	HHFGR93	1183	Production of RANTES in bronchial epithelium cells	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity.	

				Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Epithelial cells were isolated from bronchia/trachea immediately postmortem from humans who were free of known respiratory diseases.	

				See Wu et al., Am Rev Respir Dis. 132(2):311-20 (1985), the contents of which are herein incorporated by reference in its entirety.	
235	HHFGR93	1183	Calcium flux in immune cells (such as monocytes)	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux in immune cells (such as monocytes) include assays disclosed in: Chan, CC, et al., J Pharmacol Exp Ther, 269(3):891-896 (1994); Andersson, K, et al., Cytokine,	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Infection, Inflammation, Atherosclerosis, Hypersensitivity, and Leukemias

				12(12):1784-1787 (2000); Scully, SP, et al., J Clin Invest, 74(2) 589-599 (1984); and, Sullivan, E, et al., Methods Mol Biol, 114:125-133 (1999), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the THP-1 monocyte cell line.	
236	HHFHJ59	1184	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and	described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
237	HHFHR32	1185	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				(including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
238	HHFOJ29	1186	SEAP in Jurkat/IL4 promoter (antiCD3		

			co-stim)		
238	HHFOJ29	1186	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and

				500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
239	HHGBO91	1187	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for

				used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a	inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders",

				continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness,

					nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with

					insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

					as, for example, hyperplasia, metaplasia, and/or dysplasia.
240	HHGCM76	1188	IL-10 in Human T-cell 293T		
240	HHGCM76	1188	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other

				disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992	diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

				130:167.	
240	HHGCM76	1188	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

241	HHGCQ54	1189	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g.,

					diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

					blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or

					disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
242	HHGDF16	1190	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune

				in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example,

					leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and

					asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
242	HHGDF16	1190	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988);	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic

				Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis,

					meningitis, and Lyme Disease.
243	HHGDW43	1191	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
243	HHGDW43	1191	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may	Highly preferred indications include allergy and asthma. Additional highly preferred

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be	indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
244	HHPDX20	1192	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
244	HHPDX20	1192	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell

				invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to	growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative

				these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels

					themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and

					urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury,

					rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

					below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
244	HHPDX20	1192	IL-10 in Human T-cell 293T		
245	HHPGO40	1193	Proliferation of immune cells (such as the HMC-1 human mast cell line)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the	Highly preferred indications include asthma, allergy, mastocytosis (a rare, heterogeneous disorder characterized by excessive accumulation of mast cells, and their proliferation and action in the skin, central nervous system, and other organs). Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), infection (e.g., as described below under "Infectious Disease"), autoimmune

				number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Mast cells are found in connective and mucosal tissues throughout the body. Mast cell activation (via immunoglobulin E -antigen, promoted by T helper cell type 2 cytokines) is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Mast cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary mast cells that may be used according to these assays include HMC-1, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below).
	HHPGO40	1193	Glucose Production		

245			in H4IIE		
245	HHPGO40	1193	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green	

				H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
245	HHPGO40	1193	Caspase (+paclitaxel) in SW480		
246	HHPTJ65	1194	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
	HHPTJ65	1194	IL-2 in Human T-		

246			cell 2B9		
247	HHSDX28	1195	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
247	HHSDX28	1195	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g.,

				the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J	as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and

				Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and

					asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
247	HHSDX28	1195	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma,

				GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
247	HHSDX28	1195	IgG in Human B cells		
247	HHSDX28	1195	MCP-1 in HUVEC		
248	HILCF66	1196	TNFa in Human T-cell 293T		
248	HILCF66	1196	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for

				and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment

					of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the

					arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred

					indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis,

					cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

					immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
249	HJACG02	1197	MIP-1a in HMC		
249	HJACG02	1197	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based	

				on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
249	HJACG02	1197	MCP-1 in HUVEC		
249	HJACG02	1197	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	

				regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate	

				the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
250	HJACG30	1198	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha

				antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell	production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
250	HJACG30	1198	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	

250	HJACG30	1198	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology,	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia,

				138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
251	HJBCU04	1199	Activation of transcription through GAS	Assays for the activation of transcription through the Gamma Interferon Activation	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

			response element in immune cells (such as T-cells).	Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the	and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional

				contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
251	HJBCU04	1199	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells,	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred

				macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that	indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic

				mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
251	HJBCU04	1199	SEAP in SW480		
252	HJBCY35	1200	SEAP in 3T3L1		
252	HJBCY35	1200	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other

				regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Friedrichsen BN, et al., Mol Endocrinol, 15(1):136-48 (2001); Huotari MA, et al., Endocrinology, 139(4):1494-9 (1998); Hugl SR, et al., J Biol Chem 1998 Jul 10;273(28):17771-9 (1998), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g.,	diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the

				through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	"Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
252	HJBCY35	1200	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival.	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle

				Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine

					Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence

					(e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with

					obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other

					preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
253	HJMBI18	1201	IL-2 in Human T-cell 293T		
253	HJMBI18	1201	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

					conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
254	HJMBM38	1202	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g.,	preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment

				through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic

					disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as,

					prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and

					atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

					rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
255	HJMBT65	1203	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

				immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety.	Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy.

				Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
255	HJMBT65	1203	CD71 in Human T cells		
256	HJMBW30	1204	SEAP in ATP-3T3-L1		
256	HJMBW30	1204	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders").

				invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
256	HJMBW30	1204	SEAP in SW480		
257	HJPAD75	1205	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders",

				the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative

				through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
257	HJPAD75	1205	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly

				hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention	preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g.,

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
257	HJPAD75	1205	Glucose Production in H4IIE		
257	HJPAD75	1205	Regulation of transcription through the FAS promoter element in hepatocytes	Assays for the regulation of transcription through the FAS promoter element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the FAS promoter element in a reporter construct and to regulate transcription of FAS, a key enzyme for lipogenesis. FAS promoter is regulated by many transcription factors including SREBP. Insulin increases FAS gene transcription in livers of diabetic mice. This	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel

				stimulation of transcription is also somewhat glucose dependent. Exemplary assays that may be used or routinely modified to test for FAS promoter element activity (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Xiong, S., et al., Proc Natl Acad Sci U.S.A., 97(8):3948-53 (2000); Roder, K., et al., Eur J Biochem, 260(3):743-51 (1999); Oskouian B, et al., Biochem J, 317 (Pt 1):257-65 (1996); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that	blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

				may be used according to these assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
257	HJPAD75	1205	SEAP in HIB/CRE		
257	HJPAD75	1205	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It	

				is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
257	HJPAD75	1205	IFNg in Human T-cell 2B9		
258	HJPCP42	1206	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention

				disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac

					hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly

					preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and

					pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal

					failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional

					preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
258	HJPCP42	1206	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that	

				may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays	

				include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
260	HKAAH36	1208	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"),

				regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al.,	and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred

					indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
260	HKAAH36	1208	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

					and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
260	HKAAH36	1208	IgG in Human B cells SAC		
261	HKAAK02	1209	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"),

				regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al.,	and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred

					indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
261	HKAAK02	1209	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

					and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
262	HKABI84	1210	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension,

					aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors,

					leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s

					disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular

					degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
	HKABI84	1210	Activation of	Assays for the activation of	Highly preferred indications

262			transcription through NFAT response in immune cells (such as T-cells).	transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta	include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred

				1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
	HKABI84	1210	Activation of	Assays for the activation of	Highly preferred indications

262			transcription through NFKB response element in immune cells (such as T-cells).	transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the	include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell

				contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
263	HKABZ65	1211	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6	A highly preferred embodiment of the invention includes a method for

				participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and	stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune

				the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen	response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
263	HKABZ65	1211	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell

				proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells	proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred

				(HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders").

					Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma,

					lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as

					wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

					Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
263	HKABZ65	1211	Regulation of apoptosis in pancreatic beta cells.	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Apoptosis in pancreatic beta is associated with induction and progression of diabetes.	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve

				Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Loweth, AC, et al., FEBS Lett, 400(3):285-8 (1997); Saini, KS, et al., Biochem Mol Biol Int, 39(6):1229-36 (1996); Krautheim, A., et al., Br J Pharmacol, 129(4):687-94 (2000); Chandra J, et al., Diabetes, 50 Suppl 1:S44-7 (2001); Suk K, et al., J Immunol, 166(7):4481-9 (2001); Tejedo J, et al., FEBS Lett, 459(2):238-43 (1999); Zhang, S., et al., FEBS Lett, 455(3):315-20 (1999); Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its	disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and

				entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include RIN-m. RIN-m is a rat adherent pancreatic beta cell insulinoma cell line derived from a radiation induced transplantable rat islet cell tumor. The cells produce and secrete islet polypeptide hormones, and produce insulin, somatostatin,and possibly glucagon. ATTC: #CRL-2057 Chick et al. Proc. Natl. Acad. Sci. 1977 74:628; AF et al. Proc. Natl. Acad. Sci. 1980 77:3519.	Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
264	HKACB56	1212	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas,

				cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by	congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
264	HKACB56	1212	SEAP in HIB/CRE		
264	HKACB56	1212	CD152 in Human T cells		
264	HKACB56	1212	Production of IL-5	IL-5 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells, mast cells, basophils, and eosinophils that stimulate eosinophil function and B cell Ig production and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-5 production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-5 production. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) immunoglobulin production. An alternative highly preferred

				mediate immunomodulation, stimulate immune cell function, modulate B cell Ig production, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-5, and the stimulation of eosinophil function and B cell Ig production. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Ohshima et al., Blood 92(9):3338-3345 (1998); Jung et al., Eur J Immunol 25(8):2413-2416 (1995); Mori et al., J Allergy Clin Immunol	embodiment of the invention includes a method for inhibiting (e.g., decreasing) immunoglobulin production. A highly preferred indication includes allergy. A highly preferred indication includes asthma. A highly preferred indication includes rhinitis. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia,

				106(1 Pt 2):558-564 (2000); and Koning et al., Cytokine 9(6):427-436 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, immune reactions to transplanted organs and tissues, hemophilia,

					hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
264	HKACB56	1212	IFNg in Human T-cell 2B9		
264	HKACB56	1212	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing)

				(1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under

					"Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that

					inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications

					also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or

					other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic

					inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
264	HKACB56	1212	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and	

				agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
	HKACB56	1212	Production of	Assays for measuring	Highly preferred indications

264			VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes	include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	
264	HKACB56	1212	SEAP in SW480		
265	HKACD58	1213	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness,

				muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by	nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with

				reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	insulin resistance.
265	HKACD58	1213	IL-2 in Human T cells		
265	HKACD58	1213	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha

				antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia,

					hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
265	HKACD58	1213	Caspase (+camptothecin) in SW480		
265	HKACD58	1213	Caspase (+paclitaxel) in SW480		
266	HKACH44	1214	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting

				routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that	endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment

				include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic

					disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as,

					prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and

					atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

					rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
267	HKACM93	1215	DT-ATP in DT-ATP-SW480		
267	HKACM93	1215	Activation of transcription through GAS response element in immune cells (such as eosinophils).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the invention) to modulate gene expression (commonly via STAT transcription factors) involved in a wide variety of cell functions. Exemplary	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis

				assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995); the contents of each of which are herein incorporated by reference in its entirety. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate or inhibit activation of immune cells include assays disclosed	and/or as described below), immunodeficiencies (e.g., as described below), boosting an eosinophil-mediated immune response and, alternatively, suppressing an eosinophil-mediated immune response.

				and/or cited in: Mayumi M., "EoL-1, a human eosinophilic cell line" Leuk Lymphoma; Jun;7(3):243-50 (1992); Bhattacharya S, "Granulocyte macrophage colony-stimulating factor and interleukin-5 activate STAT5 and induce CIS1 mRNA in human peripheral blood eosinophils" Am J Respir Cell Mol Biol; Mar;24(3):312-6 (2001); and, Du J, et al., "Engagement of the CrkL adapter in interleukin-5 signaling in eosinophils" J Biol Chem; Oct 20;275(42):33167-75 (2000); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are a type of immune cell important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Increases in GAS mediated transcription in	

				eosinophils is typically a result of STAT activation, normally a direct consequence of interleukin or other cytokine receptor stimulation (e.g. IL3, IL5 or GMCSF).	
267	HKACM93	1215	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g.,

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia,

					leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
267	HKACM93	1215	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as

				may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
268	HKAEL80	1216	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and

					inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
269	HKAEV06	1217	Regulation of viability and proliferation of pancreatic beta	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication

			cells.	routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ohtani KI, et al., Endocrinology, 139(1):172-8 (1998); Krautheim A, et al, Exp Clin Endocrinol Diabetes, 107 (1):29-34 (1999), the contents of each of which is herein incorporated by reference in its entirety.	associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment

				Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	(e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
269	HKAEV06	1217	DT-ATP in DT-ATP-SW480		
269	HKAEV06	1217	Insulin Inhibition in H4IIE		
	HKAEV06	1217	Activation of	Assays for activation of	

269			Transcription	transcription are well-known in the art and may be used and routinely modified to assess ability of polypeptides of the invention to inhibit or activate transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model for studies on the mechanism of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al., Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by reference in its entirety.	
269	HKAEV06	1217	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders",

				agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative

				Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
270	HKAFK41	1218	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

				expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	
270	HKAFK41	1218	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A

				has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test	highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include

				immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

					sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
270	HKAFK41	1218	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number	

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				of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
271	HKAFT66	1219	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"),

				(including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat	stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
271	HKAFT66	1219	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,

				and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and	microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	
271	HKAFT66	1219	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g.,	below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

				through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
271	HKAFT66	1219	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used	below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
271	HKAFT66	1219	IFNg in Human T-cell 2B9		
271	HKAFT66	1219	IL-10 in Human T-cell 2B9		
271	HKAFT66	1219	SEAP in Jurkat/IL4 promoter		
271	HKAFT66	1219	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
272	HKDBF34	1220	SEAP in 293/ISRE		
272	HKDBF34	1220	DT-ATP in DT-ATP-SW480		
272	HKDBF34	1220	SEAP in HepG2/Squale-synthetase(stimulation)		
	HKDBF34	1220	Activation of	Assays for the activation of	Highly preferred indications

272			transcription through NFKB response element in immune cells (such as T-cells).	transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the	include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell

				contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
272	HKDBF34	1220	IL-8 in SW480		
	HKGAT94	1221	SEAP in ATP-3T3-		

273			L1		
273	HKGAT94	1221	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and

				500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
274	HKGCO27	1222	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease".

				proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under “Hyperproliferative Disorders”). Highly preferred

				(2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
275	HKISB57	1223	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g.,

				1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or	leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
	HKISB57	1223	Regulation of	Assays for the regulation of	A highly preferred

275			transcription of Malic Enzyme in adipocytes	transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol,	indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as

				12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver hepatoma cell line.	described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
276	HKMLK53	1224	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred

				to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils.	indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J	

				Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
277	HKMLM11	1225	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"),

				(including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat	stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
278	HKMLP68	1226	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated

				368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
278	HKMLP68	1226	IL-2 in Human T-cell 2B9		
279	HKMMD13	1227	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly

				the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells	preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred

				(bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial

					infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary

					angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as

					peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred

					indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain management.
279	HKMMD13	1227	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein	

				incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
280	HKMND01	1228	TNFa in Human T-cell 293T		
280	HKMND01	1228	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting

				routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that	endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment

				include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic

					disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as,

					prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and

					atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

					rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
280	HKMND01	1228	MCP-1 in HUVEC		
280	HKMND01	1228	SEAP in OE-21		
280	HKMND01	1228	SEAP in UMR-106		
281	HL2AC08	1229	IL-2 in Human T-cell 293T		
282	HL2AG57	1230	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A

				has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test	highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include

				immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

					sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
283	HLCND09	1231	DT-ATP in DT-ATP-SW480		
283	HLCND09	1231	SEAP in HIB/CRE		
283	HLCND09	1231	CD152 in Human T cells		
284	HLDBE54	1232	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell

				apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone,	proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A

				and immune cell extravasation.	highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic

					disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also

					include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from

					balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include

					autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
284	HLDBE54	1232	Caspase (+paclitaxel) in SW480		
285	HLDBX13	1233	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under

				antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia,

				(1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An

					additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
285	HLDBX13	1233	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells.

				Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative

					Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or

					cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease,

					such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic

					and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g.,

					inflammatory bowel disease and Crohn's disease), and pain management.
285	HLDBX13	1233	VEGF in SW480		
286	HLDNA86	1234	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the

				Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease").

					A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia,

					endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery

					disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
287	HLDON23	1235	Regulation of transcription through the PEPCK promoter in hepatocytes	Assays for the regulation of transcription through the PEPCK promoter are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure,

				agonists or antagonists of the invention) to activate the PEPCK promoter in a reporter construct and regulate liver gluconeogenesis. Exemplary assays for regulation of transcription through the PEPCK promoter that may be used or routinely modified to test for PEPCK promoter activity (in hepatocytes) of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Lochhead et al., Diabetes 49(6):896-903 (2000); and Yeagley et al., J Biol Chem 275(23):17814-17820 (2000), the contents of each of which is herein incorporated by reference in its entirety. Hepatocyte cells that may be used according to these assays are publicly available (e.g.,	nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., an infectious diseases or

				through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary liver hepatoma cells that may be used according to these assays include H4lle cells, which contain a tyrosine amino transferase that is inducible with glucocorticoids, insulin, or cAMP derivatives.	disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include glycogen storage disease (e.g., glycogenoses), hepatitis, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic

					disease, dyslipidemia and cholesterol metabolism, and hepatocarcinomas. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), infection (e.g., an infectious disease and/or disorder as described below under "Infectious Disease"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), and neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"). Additional preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast,

					lung, colon, pancreatic, esophageal, stomach, brain, and urinary cancer. A highly preferred indication is liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
287	HLDON23	1235	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma,

				endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
287	HLDON23	1235	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
287	HLDON23	1235	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and	described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

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				pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
288	HLDOW79	1236	SEAP in HIB/CRE		
288	HLDOW79	1236	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells	described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia,

				that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
288	HLDOW79	1236	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g.,	described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia,

				through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
288	HLDOW79	1236	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP	

				present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
288	HLDOW79	1236	SEAP in Jurkat/IL4 promoter		
288	HLDOW79	1236	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
288	HLDOW79	1236	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under

				transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4	"Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				responsive suspension-culture cell line.	Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
288	HLDOW79	1236	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under

					"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted

					organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
288	HLDOW79	1236	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications

				of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem	include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and

				268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
288	HLDOW79	1236	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

				(including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

				through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
289	HLDQC46	1237	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g.,

				antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these	increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below

				assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
290	HLDQR62	1238	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness,

				test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Friedrichsen BN, et al., Mol Endocrinol, 15(1):136-48 (2001); Huotari MA, et al., Endocrinology, 139(4):1494-9 (1998); Hugl SR, et al., J Biol Chem 1998 Jul 10;273(28):17771-9 (1998), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native	nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly

				pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	preferred indications are complications associated with insulin resistance.
290	HLDQR62	1238	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	(e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
291	HLDQU79	1239	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g.,

				invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Friedrichsen BN, et al., Mol Endocrinol, 15(1):136-48 (2001); Huotari MA, et al., Endocrinology, 139(4):1494-9 (1998); Hugl SR, et al., J Biol Chem 1998 Jul 10;273(28):17771-9 (1998), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari	heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				et al. Endocrinology 1992 130:167.	
291	HLDQU79	1239	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications

				12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
292	HLDRM43	1240	CD152 in Human T cells		
292	HLDRM43	1240	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred

				antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells	embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention

				that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic

					hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis,

					hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease,

					and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include

					blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
292	HLDRM43	1240	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	

				antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety.	

				Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
292	HLDRM43	1240	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	"Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g.,

					malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication

					is infection (e.g., an infectious disease as described below under "Infectious Disease").
292	HLDRM43	1240	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include

				(1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
293	HLDRP33	1241	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HLHFP03	1242	Activation of T-	Kinase assay. JNK and p38	Preferred indications include

294			Cell p38 or JNK Signaling Pathway.	kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol	neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
294	HLHFP03	1242	SEAP in HIB/CRE		
294	HLHFP03	1242	VEGF in HT1080		
294	HLHFP03	1242	Production of VCAM in	Assays for measuring expression of VCAM are well-	Highly preferred indications include inflammation (acute

			endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of	and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	
294	HLHFP03	1242	SEAP in OE-21		
295	HLHFR58	1243	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa),	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies

				and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art.	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

				Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
295	HLHFR58	1243	RANTES in Human T cells		
296	HLIBD68	1244	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing)

				IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and	IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred

				upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and	indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

				upregulate T cell proliferation and functional activities.	lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
296	HLIBD68	1244	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

				immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia,

				Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
296	HLIBD68	1244	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing)

				in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890	TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative

				(1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
296	HLIBD68	1244	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

				cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native	cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with

				pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	insulin resistance.
297	HLICQ90	1245	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al.,	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and

				Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
297	HLICQ90	1245	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for

				variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J	stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below

				Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
297	HLICQ90	1245	Stimulation of Calcium Flux in pancreatic beta cells.	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. For example, the FLPR assay may be used to measure influx of calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

				modified to measure calcium flux by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Satin LS, et al., Endocrinology, 136(10):4589-601 (1995);Mogami H, et al., Endocrinology, 136(7):2960-6 (1995); Richardson SB, et al., Biochem J, 288 (Pt 3):847-51 (1992); and, Meats, JE, et al., Cell Calcium 1989 Nov-Dec;10(8):535-41 (1989), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon,	hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are

				somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	complications associated with insulin resistance.
297	HLICQ90	1245	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes.	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel

				Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established	blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

				from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
298	HLMBO76	1246	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

					disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
299	HLQBE09	1247	Production of IL-8 by immune cells (such as the human EOL-1 eosinophil	Assay that measures the production of the chemokine interleukin-8 (IL-8) from immune cells (such as the	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and

			cells)	EOL-1 human eosinophil cell line) are well known in the art (for example, measurement of IL-8 production by FMAT) and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. IL8 is a strong immunomodulator and may have a potential proinflammatory role in immunological diseases and disorders (such as allergy and asthma).	inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
299	HLQBE09	1247	SEAP in HIB/CRE		
	HLQBE09	1247	CD71 in Human T		

299			cells		
299	HLQBE09	1247	IL-10 in Human T-cell 293T		
299	HLQBE09	1247	TNFa in Human T-cell 2B9		
300	HLQDR48	1248	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the

				Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease").

					A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia,

					endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery

					disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
300	HLQDR48	1248	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for

				modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and	inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

				Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
	HLQDR48	1248	Production of TNF	TNFa FMAT. Assays for	A highly preferred

300			alpha by dendritic cells	immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in

				invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
300	HLQDR48	1248	IL-8 in Normal Human Bronchial Epitheliae		
301	HLTAU74	1249	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under

				AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2	"Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				dependent suspension-culture cell line with cytotoxic activity.	Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
301	HLTAU74	1249	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for

				used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional

					highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
302	HLTDV50	1250	IL-10 in Human T-cell 2B9		

302	HLTDV50	1250	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke
	HLTEI25	1251	Activation of	This reporter assay measures	Highly preferred indications

303			transcription through GATA-3 response element in immune cells (such as mast cells).	activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under “Hyperproliferative

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HLTEI25	1251	Activation of	This reporter assay measures	Highly preferred indications

303			transcription through NFAT response element in immune cells (such as mast cells).	activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
303	HLTEI25	1251	IL-6 in HUVEC		
304	HLTEJ06	1252	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional

				Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

					leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
305	HLTFA64	1253	Production of IFNgamma using Natural Killer cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2; promotes IgG2a and inhibits IgE; induces macrophage activation; and increases MHC expression.	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood

				Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" (e.g. cancer/tumorigenesis) and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response, boosting antibody-dependent immune responses, suppressing antibody-dependent immune responses, boosting innate immunity and immune

				invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Natural Killer (NK) cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also	responses, and suppressing innate immunity and immune responses. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

				recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
306	HLTHG37	1254	Glucose Production in H4IIE		
306	HLTHG37	1254	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	"Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
307	HLWAA17	1255	Regulation of transcription of Malic Enzyme in adipocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below),

				lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol.	diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal

				216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver hepatoma cell line.	tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
307	HLWAA17	1255	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
308	HLWAA88	1256	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular	embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac

				permeability, vascular tone, and immune cell extravasation.	hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as

					well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal,

					stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring,

					ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

					sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
308	HLWAA88	1256	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES,	

				and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are	

				endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
309	HLWAD77	1257	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It	

				is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
309	HLWAD77	1257	Activation of transcription through the EGR (Early Growth Response) element in immune cells (such as B-cells).	Assays for the activation of transcription through the EGR response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate EGR transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the EGR response element that may be used or routinely modified to test EGR response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Autoimmunity, Allergy and Asthma.

				the invention) include assays disclosed in: Richards JD, et al., J Immunol, 166(6):3855-3864 (2001); Dinkel, A, et al., J Exp Med, 188(12):2215-2224 (1998); and, Newton, JS, et al., Eur J Immunol 1996 Apr;26(4):811-816 (1996), the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary epithelial cells that may be used according to these assays include the Raji cell line.	
310	HLWAE11	1258	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described

				expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic	below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and

				activity.	cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
310	HLWAE11	1258	IL-10 in Human T-cell 2B9		
310	HLWAE11	1258	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate,

				include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
310	HLWAE11	1258	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NKL cell line, which is a human natural killer cell line	immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

				established from the peripheral blood of a patient with large granular lymphocytic leukemia. This IL-2 dependent suspension culture cell line has a morphology resembling that of activated NK cells.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
310	HLWAE11	1258	IL-8 in SW480		
310	HLWAE11	1258	Calcium flux in immune cells (such as monocytes)	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Infection, Inflammation, Atherosclerosis, Hypersensitivity, and Leukemias

				calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux in immune cells (such as monocytes) include assays disclosed in: Chan, CC, et al., J Pharmacol Exp Ther, 269(3):891-896 (1994); Andersson, K, et al., Cytokine, 12(12):1784-1787 (2000); Scully, SP, et al., J Clin Invest, 74(2) 589-599 (1984); and, Sullivan, E, et al., Methods Mol Biol, 114:125-133 (1999), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the THP-1 monocyte cell line.	
311	HLWAO22	1259	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large	A highly preferred embodiment of the invention includes a method for

				variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al.,	stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia,

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative

					disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
311	HLWAO22	1259	IL-10 in Human T-cell 2B9		
311	HLWAO22	1259	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
311	HLWAO22	1259	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
312	HLWAY54	1260	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention

				and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb	includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

312	HLWAY54	1260	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune

				the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol;	response.

				Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
312	HLWAY54	1260	SEAP in HepG2/Squale-synthetase(stimulation)		
312	HLWAY54	1260	CD152 in Human T cells		
312	HLWAY54	1260	SEAP in OE-33		
	HLWAY54	1260	SEAP in		

312			Senescence Assay		
313	HLWBH18	1261	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
313	HLWBH18	1261	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell

				the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred

				Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial

					infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary

					angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as

					peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease.

					Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
313	HLWBH18	1261	SEAP in OE-33		
314	HLWBI63	1262	CD71 in Human T cells		
315	HLWBK05	1263	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative

				are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by	highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as

				reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as

					described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section

					below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney

					cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
316	HLWBY76	1264	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases

				the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	(e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic,

					esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

316	HLWBY76	1264	CD152 in Human T cells		
316	HLWBY76	1264	HLA-DR in Human T cells		
317	HLWCF05	1265	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al.,	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under

				Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

					(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g.,

					infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or

					disorders. Highly preferred indications include neoplasms and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
317	HLWCF05	1265	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis

				used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability	and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-	

				terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
317	HLWCF05	1265	SEAP in OE-21		
317	HLWCF05	1265	SEAP in OE-33		
317	HLWCF05	1265	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
317	HLWCF05	1265	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma),

					leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

					"Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
317	HLWCF05	1265	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions.	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune

				Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia,

				Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
317	HLWCF05	1265	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
318	HLYAC95	1266	Glucose Production in H4IIE		
318	HLYAC95	1266	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al.,	"Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, asthma and allergy.
318	HLYAC95	1266	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the

				2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	"Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
	HLYAC95	1266	Hexosaminidase in		

318			RBL-2H3		
319	HLYAF80	1267	SEAP in NK16/STAT6		
320	HLYAN59	1268	CD152 in Human T cells		
320	HLYAN59	1268	HLA-DR in Human T cells		
320	HLYAN59	1268	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic,

				endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
321	HLYAP91	1269	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for

				used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a	inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders",

				continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness,

					nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with

					insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

					as, for example, hyperplasia, metaplasia, and/or dysplasia.
322	HLYAZ61	1270	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune

				Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein	response, and suppressing an eosinophil-mediated immune response.

				kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
323	HLYBD32	1271	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity",

				antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g.,	"Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include

				through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is an IL-2 dependent suspension culture cell line that also responds to IL-4.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
324	HLYES38	1272	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte

				antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3	proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune

				fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

					hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are

					complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia.
324	HLYES38	1272	IFNg in Human T-cell 2B9		
324	HLYES38	1272	TNFa in Human T-cell 2B9		
325	HMADS41	1273	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred

				are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system

					(e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications

					include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery

					disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph

					angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain

					management.
325	HMADS41	1273	Activation of Hepatocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-	A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell differentiation. A highly preferred embodiment of the invention includes a method for activating hepatocyte cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating hepatocyte cells. Highly preferred indications include disorders of the liver and/or endocrine

				500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat liver hepatoma cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat liver hepatoma cells that may be used according to these assays include H4lle cells, which are known to respond to glucocorticoids, insulin, or cAMP derivatives.	disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as

					described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section

					below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hepatitis, jaundice, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic disease, dyslipidemia and chlolesterol metabolism. Additional highly preferred

					indications include neoplasms and cancers, such as, hepatocarcinomas, other liver cancers, and colon and pancreatic cancer. Preferred indications also include prostate, breast, lung, esophageal, stomach, brain, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
325	HMADS41	1273	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E -	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are	

				publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
326	HMADU73	1274	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				(including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
326	HMADU73	1274	Production of TNF alpha by dendritic	TNFa FMAT. Assays for immunomodulatory proteins	A highly preferred embodiment of the invention

			cells	produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid

				disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
326	HMADU73	1274	IgG in Human B cells SAC		
326	HMADU73	1274	CD152 in Human T cells		
326	HMADU73	1274	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis

				used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation	and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
327	HMAMI15	1275	Stimulation of Calcium Flux in pancreatic beta cells.	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. For example, the FLPR assay may be used to measure influx of calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

				modified to measure calcium flux by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Satin LS, et al., Endocrinology, 136(10):4589-601 (1995);Mogami H, et al., Endocrinology, 136(7):2960-6 (1995); Richardson SB, et al., Biochem J, 288 (Pt 3):847-51 (1992); and, Meats, JE, et al., Cell Calcium 1989 Nov-Dec;10(8):535-41 (1989), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon,	hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are

				somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	complications associated with insulin resistance.
327	HMAMI15	1275	CD152 in Human T cells		
327	HMAMI15	1275	Activation of Transcription	Assays for activation of transcription are well-known in the art and may be used and routinely modified to assess ability of polypeptides of the invention to inhibit or activate transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model for studies on the mechanism	

				of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al., Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by reference in its entirety.	
328	HMDAE65	1276	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				(including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
329	HMDAM24	1277	Protection from Endothelial Cell	Caspase Apoptosis Rescue. Assays for caspase apoptosis	A highly preferred embodiment of the invention

			Apoptosis.	rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells	includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for

				that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular

					disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma,

					hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis,

					lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas,

					heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain management.
330	HMDAQ29	1278	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis,

				(including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.
330	HMDAQ29	1278	Activation of transcription through cAMP	Assays for the activation of transcription through the cAMP response element are	Preferred indications include blood disorders (e.g., as described below under

			response element in immune cells (such as T-cells).	well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma,

				which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
	HMEAI48	1279	Activation of	Assays for the activation of	A preferred embodiment of

331			transcription through serum response element in immune cells (such as T-cells).	transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by	the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in

				reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
331	HMEAI48	1279	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-	

				mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	

				Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
332	HMECK83	1280	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include

				modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension	inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				culture of IL-2 and IL-4 responsive T cells.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
333	HMEET96	1281	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as

				factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical	described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an

					infectious disease as described below under "Infectious Disease").
333	HMEET96	1281	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
333	HMEET96	1281	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone,	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include

			(HUVEC))	and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al.,	inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
334	HMIAL37	1282	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation.

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				assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or	Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its	

				entirety.	
334	HMIAL37	1282	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
335	HMIAP86	1283	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing)

				of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol	MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

				158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
335	HMIAP86	1283	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory	A highly preferred embodiment of the invention

				proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J	includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

				Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia.
335	HMIAP86	1283	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation	include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

				and functional activities.	lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
335	HMIAP86	1283	Production of IL-8 by immune cells (such as the human EOL-1 eosinophil cells)	Assay that measures the production of the chemokine interleukin-8 (IL-8) from immune cells (such as the EOL-1 human eosinophil cell line) are well known in the art (for example, measurement of IL-8 production by FMAT) and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g.,

				and agonists or antagonists of the invention) to promote or inhibit. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. IL8 is a strong immunomodulator and may have a potential proinflammatory role in immunological diseases and disorders (such as allergy and asthma).	rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
335	HMIAP86	1283	IL-10 in Human T-cell 2B9		
335	HMIAP86	1283	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also includie

				secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and consequent complications (such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
335	HMIAP86	1283	Production of VCAM in	Assays for measuring expression of VCAM are well-	Highly preferred indications include inflammation (acute

			endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of	and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	
336	HMKCG09	1284	Regulation of viability or proliferation of immune cells (such as human eosinophil EOL-1 cells).	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Eosinophils are a type of immune cell important in	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under

				allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eosinophil cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary eosinophil cells that may be used according to these assays include EOL-1 Cells.	"Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
336	HMKCG09	1284	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with

				assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995);	chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for

				Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
336	HMKCG09	1284	Production of IL-10 and activation of T-	Assays for production of IL-10 and activation of T-cells are	Highly preferred indications include allergy and asthma.

			cells.	well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety.	Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
337	HMMAH60	1285	TNFa in Human T-cell 293T		
337	HMMAH60	1285	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment

				and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural	of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases

				killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	(e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune

					reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
337	HMMAH60	1285	VEGF in SW480		
337	HMMAH60	1285	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				(2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
338	HMQDF12	1286	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production.

				monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al.,	An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

338	HMQDF12	1286	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
338	HMQDF12	1286	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a	

				human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
338	HMQDF12	1286	Caspase (+paclitaxel) in SW480		
339	HMSBX80	1287	CD71 in Human T cells		
340	HMSFS21	1288	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"),

				regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al.,	and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				"Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred

					indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
340	HMSFS21	1288	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				these assays include microvascular endothelial cells (MVEC).	
341	HMSGB14	1289	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997);	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described

				Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
	HMSGT42	1290	Activation of	Kinase assay. JNK and p38	A highly preferred

342			Endothelial Cell p38 or JNK Signaling Pathway.	kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An

				the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis,

					cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s

					sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s

					phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment

					/prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
343	HMSHM14	1291	Activation of transcription	Assays for the activation of transcription through the	Preferred indications include blood disorders (e.g., as

			through cAMP response element in immune cells (such as T-cells).	cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665	described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma

				(1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	(e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.

343	HMSHM14	1291	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
343	HMSHM14	1291	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below

				immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety.	under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

				Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
344	HMSHS36	1292	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred

				to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils.	indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J	

				Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
344	HMSHS36	1292	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions.	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune

				Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia,

				Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
344	HMSHS36	1292	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	"Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g.,

					malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication

					is infection (e.g., an infectious disease as described below under “Infectious Disease”).
344	HMSHS36	1292	SEAP in NK16/STAT6		
345	HMSJM65	1293	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may	below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred

				be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
346	HMSJU68	1294	Activation of transcription through NFKB response element in	Assays for the activation of transcription through the NFKB response element are well-known in the art and may	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred

			immune cells (such as EOL1 cells).	be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of	indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below).

				which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
346	HMSJU68	1294	Glucose Production in H4IIE		
346	HMSJU68	1294	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103	detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				(2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
346	HMSJU68	1294	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific

				metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in	embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described

				differentiation media.	below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart

					disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or

					complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain,

					and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
346	HMSJU68	1294	Caspase (+camptothecin) in SW480		
347	HMSKC04	1295	SEAP in 293/ISRE		
347	HMSKC04	1295	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
347	HMSKC04	1295	SEAP in HIB/CRE		
347	HMSKC04	1295	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
347	HMSKC04	1295	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
347	HMSKC04	1295	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES,	

				and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are	

				endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
347	HMSKC04	1295	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
347	HMSKC04	1295	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic	additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

				activity.	disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
347	HMSKC04	1295	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple

				invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

					benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
347	HMSKC04	1295	Activation of transcription through AP1	Assays for the activation of transcription through the AP1 response element are well-	Preferred indications include neoplastic diseases (e.g., as described below under

			response element in immune cells (such as T-cells).	known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by	"Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast,

				reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
347	HMSKC04	1295	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for

				(including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T

				through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections

					associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, asthma and allergy.
347	HMSKC04	1295	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies

				85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis,

					AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
347	HMSKC04	1295	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4	inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

				responsive T cells.	arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
347	HMSKC04	1295	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS,

					granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
347	HMSKC04	1295	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
348	HMTBI36	1296	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of	immunodeficiencies (e.g., as described below).

				eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
348	HMTBI36	1296	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of

				Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune

					disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease,

					hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the

					musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
348	HMTBI36	1296	ICAM in OE19		
	HMTBI36	1296	SEAP in		

348			Senescence Assay		
349	HMUAP70	1297	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
350	HMVBN46	1298	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune

				and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
350	HMVBN46	1298	VEGF in SW480		
351	HMWEB02	1299	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g.,

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia,

					leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
351	HMWEB02	1299	IgG in Human B cells SAC		
351	HMWEB02	1299	IL-12 in Human B cells SAC		
352	HMWFO02	1300	IL-13 in HMC		
352	HMWFO02	1300	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol	includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under

				144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described

					below under "Infectious Disease").
353	HMWGY65	1301	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under

				and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
353	HMWGY65	1301	Inhibition of squalene synthetase	Reporter Assay: construct contains regulatory and coding	

			gene transcription.	sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
353	HMWGY65	1301	IFNg in Human T-cell 2B9		
353	HMWGY65	1301	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred

				antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells	embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention

				that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic

					hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis,

					hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease,

					and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include

					blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
354	HNEAC05	1302	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	

				regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
354	HNEAC05	1302	MCP-1 in HUVEC		
354	HNEAC05	1302	Activation of transcription through serum response element in immune cells (such	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative

			as natural killer cells).	routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T	highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
355	HNEEB45	1303	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below),

				signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-	diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal

				adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
355	HNEEB45	1303	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune

				in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example,

					leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and

					asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
355	HNEEB45	1303	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below).

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic	

				reaction. Eol-1 is a human eosinophil cell line.	
355	HNEEB45	1303	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
355	HNEEB45	1303	Caspase (+paclitaxel) in SW480		
356	HNFFC43	1304	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke,

				transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al.,	impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

				Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
356	HNFFC43	1304	Proliferation of immune cells (such as the HMC-1 human mast cell line)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of	Highly preferred indications include asthma, allergy, mastocytosis (a rare, heterogeneous disorder characterized by excessive accumulation of mast cells, and their proliferation and

				the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Mast cells are found in connective and mucosal tissues throughout the body. Mast cell activation (via immunoglobulin E -antigen, promoted by T helper cell type 2 cytokines) is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Mast cell lines that may be used according to these assays are publicly available and/or may be	action in the skin, central nervous system, and other organs). Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), infection (e.g., as described below under "Infectious Disease"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below).

				routinely generated. Exemplary mast cells that may be used according to these assays include HMC-1, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
356	HNFFC43	1304	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional

				agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease,

					inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
356	HNFFC43	1304	Regulation of transcription of Malic Enzyme in adipocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,

				(in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver	microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

				hepatoma cell line.	
356	HNFFC43	1304	SEAP in Senescence Assay		
357	HNFIU96	1305	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal,

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line	stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
358	HNFJF07	1306	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,

				may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly	microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	
358	HNFJF07	1306	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic

				culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Friedrichsen BN, et al., Mol Endocrinol, 15(1):136-48 (2001); Huotari MA, et al., Endocrinology, 139(4):1494-9 (1998); Hugl SR, et al., J Biol Chem 1998 Jul 10;273(28):17771-9 (1998), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1	neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred

				cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
358	HNFJF07	1306	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

					preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
358	HNFJF07	1306	Stimulation of insulin secretion	Assays for measuring secretion of insulin are well-known in	A highly preferred indication is diabetes mellitus.

			from pancreatic beta cells.	the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett,	An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine

				377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
359	HNFJH45	1307	Activation of transcription through AP1 response element in immune cells (such	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders

			as T-cells).	the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used	(e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
359	HNFJH45	1307	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders.

				through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur	Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

				J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
359	HNFJH45	1307	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders.

				through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol	Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

				31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
360	HNGAK47	1308	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method

				agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells	for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac

				that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as

					well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal,

					stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring,

					ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

					sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
360	HNGAK47	1308	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HNGAP93	1309	IFNg in Human T-		

361			cell 2B9		
361	HNGAP93	1309	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

362	HNGBC07	1310	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
363	HNGBT31	1311	TNFa in Human T-cell 2B9		
363	HNGBT31	1311	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases

				modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	(e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
364	HNGDG40	1312	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For	

				example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
364	HNGDG40	1312	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention

				antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to	includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for

				these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or

					as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma,

					angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly

					preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as

					described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
365	HNGDJ72	1313	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a

				the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary	method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood

				mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	vessel blockage, heart disease, stroke, impotence and/or as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel

					blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly

					preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications

					include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
365	HNGDJ72	1313	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				(including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
365	HNGDJ72	1313	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory	A highly preferred embodiment of the invention

				proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J	includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

				Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia.
365	HNGDJ72	1313	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation	include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

				and functional activities.	lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
365	HNGDJ72	1313	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC),	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such

				and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-	as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
365	HNGDJ72	1313	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also includie autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and consequent complications

				tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	(such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
365	HNGDJ72	1313	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of	

				chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line	

				venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
365	HNGDJ72	1313	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC),	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
366	HNGDU40	1314	CD152 in Human T cells		
367	HNGEO29	1315	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis

				used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability	and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-	

				terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
368	HNGEP09	1316	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm,	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below),

				Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
368	HNGEP09	1316	HLA-DR in Human T cells		
369	HNGHR74	1317	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific	

				enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
369	HNGHR74	1317	CD71 in Human T cells		
369	HNGHR74	1317	IFNg in Human T-cell 293T		
369	HNGHR74	1317	IL-10 in Human T-cell 293T		
370	HNGIH43	1318	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention

				and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb	includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

370	HNGIH43	1318	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	"Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

370	HNGIH43	1318	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits	"Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				many characteristics of immature mast cells.	
370	HNGIH43	1318	SEAP in UMR-106		
371	HNGIJ31	1319	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
371	HNGIJ31	1319	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications

				test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

					Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
371	HNGIJ31	1319	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic

				component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-	neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly

				adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
371	HNGIJ31	1319	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle

				the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular

					Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g.,

					heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

					Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
	HNGIQ46	1320	Activation of JNK	Kinase assay. JNK kinase	Highly preferred indications

372			Signaling Pathway in immune cells (such as eosinophils).	assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which	include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000);	

				Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
373	HNGJE50	1321	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is

				disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and	the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly

				diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
373	HNGJE50	1321	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes.	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel

				Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells.	blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

				HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
373	HNGJE50	1321	IgG in Human B cells SAC		
373	HNGJE50	1321	TNFa in Human T-cell 293T		
373	HNGJE50	1321	IL-10 in Human T-cell 2B9		
373	HNGJE50	1321	CXCR4 in SW480		
374	HNGJO57	1322	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred

				wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical	embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases

				approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	(e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
374	HNGJO57	1322	IFNg in Human T-cell 293T		
375	HNGJP69	1323	SEAP in 293/ISRE		
375	HNGJP69	1323	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as

				may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are	described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section

				herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
375	HNGJP69	1323	Activation of transcription through serum response element in pre-adipocytes.	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g.,

				factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1	diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

				is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below). Additional highly preferred indications are complications associated with insulin resistance.
375	HNGJP69	1323	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include

				al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils	neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	

375	HNGJP69	1323	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	"Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

375	HNGJP69	1323	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits	"Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				many characteristics of immature mast cells.	
375	HNGJP69	1323	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under “Hyperproliferative

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
375	HNGJP69	1323	SEAP in Ku812/NFkB (TNF synergy)		
376	HNGJT54	1324	Activation of transcription through cAMP response element in immune cells (such	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

			as T-cells).	to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T	"Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
376	HNGJT54	1324	Activation of transcription through serum	Assays for the activation of transcription through the Serum Response Element	A preferred embodiment of the invention includes a method for inhibiting (e.g.,

			response element in immune cells (such as T-cells).	(SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used	reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
376	HNGJT54	1324	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation.	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Additional highly preferred indications include

				Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using	inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

				techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
377	HNGKN89	1325	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred

				invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
377	HNGKN89	1325	SEAP in HIB/CRE		
377	HNGKN89	1325	Activation of transcription	This reporter assay measures activation of the GATA-3	Highly preferred indications include allergy, asthma, and

			through GATA-3 response element in immune cells (such as mast cells).	signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under “Hyperproliferative Disorders”). Other preferred

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
377	HNGKN89	1325	Activation of transcription	This reporter assay measures activation of the NFAT	Highly preferred indications include allergy, asthma, and

			through NFAT response element in immune cells (such as mast cells).	signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under “Hyperproliferative Disorders”). Other preferred

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

378	HNGOM56	1326	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
379	HNGOU56	1327	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment

				caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a

					method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels

					such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon,

					pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions),

					implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

					lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
379	HNGOU56	1327	IL-10 in Human T-cell 293T		
379	HNGOU56	1327	TNFa in Human T-cell 293T		
379	HNGOU56	1327	Caspase (+paclitaxel) in SW480		
379	HNGOU56	1327	CXCR4 in SW480		
380	HNGOW62	1328	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred

				inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but	embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred

				are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders").

					Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma,

					lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as

					wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related

					Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
380	HNGOW62	1328	IL-10 in Human T-cell 293T		
380	HNGOW62	1328	TNFa in Human T-cell 293T		
381	HNHAH01	1329	Activation or inhibition of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation or inhibition of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation or inhibition of transcription through the NFKB response element are well-known in the art and may be used or	

				routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. NFkB is important in the pathogenesis of asthma. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated	

				by reference in its entirety. Cells were pretreated with SID supernatants or controls for 15-18 hours, and then 10 ng/mL of TNF was added to stimulate the NFkB reporter. SEAP activity was measured after 48 hours. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils. See, Kishi et al., Leuk Res. 9:381-390 (1985); Blom et al., Eur J Immunol. 22:2025-32 (1992), where the contents of each are herein incorporated by reference in its entirety.	
381	HNHAH01	1329	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or

				to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke
382	HNHCX60	1330	Activation of transcription through cAMP response element (CRE) in pre-	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss

			adipocytes.	to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders"

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.

382	HNHCX60	1330	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
383	HNHCY64	1331	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine.	A highly preferred embodiment of the invention includes a method for stimulating the production of

				IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such	IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications

				assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and	include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
384	HNHCY94	1332	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
385	HNHDW38	1333	CD71 in Human T cells		
386	HNHDW42	1334	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly

				used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J	preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia,

				Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious

					Disease").
386	HNHDW42	1334	CD69 in Human T cells		
386	HNHDW42	1334	Hexosaminidase in RBL-2H3		
387	HNHED17	1335	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may	below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred

				be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
388	HNHEI42	1336	SEAP in HIB/CRE		
388	HNHEI42	1336	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells,	A highly preferred embodiment of the invention

				macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of	includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent	described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant);

				killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
389	HNHFO29	1337	SEAP in HIB/CRE		
389	HNHFO29	1337	IL-2 in Human T-cell 2B9		
390	HNHFR04	1338	Inhibition of adipocyte ERK signaling pathway.	Kinase assay: measures the phosphorylation of Elk-1, an indication of activation of extracellular signal regulated kinase (ERK). ERK pathway	

				regulates cell growth, proliferation and differentiation. Cells were pretreated with SID supernatants for 15-18 hours, and then 100 nM of insulin was added to stimulate ERK kinase. Phosphorylation of Elk-1 was measured after a 20 minute incubation. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art. Cells were differentiated to an adipose-like state before being used in the screen. See Green	

				et al., Cell 3: 127-133 (1974), the contents of which are herein incorporated by reference in its entirety.	
390	HNHFR04	1338	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below).

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human	

				eosinophil cell line.	
390	HNHFR04	1338	SEAP in HIB/CRE		
390	HNHFR04	1338	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is

				(1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under "Infectious Disease"). A

					highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia,

					endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred

					indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
390	HNHFR04	1338	Activation of transcription through NFKB response element in neuronal cells (such as SKNMC cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Neurological Diseases and

				agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of neuronal genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gill JS, et al., Neurobiol Dis, 7(4):448-461 (2000); Tamatani M, et al., J Biol Chem, 274(13):8531-8538 (1999); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are	Disorders (e.g. Alzheimer"s Disease, Parkinson"s Disease, Brain Cancer, Seizures).

				herein incorporated by reference in its entirety. Neuronal cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary neuronal cells that may be used according to these assays include the SKNMC neuronal cell line.	
391	HNHFU32	1339	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional

				invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas,

					multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
391	HNHFU32	1339	SEAP in HIB/CRE		
392	HNHOD46	1340	SEAP in 293/ISRE		
392	HNHOD46	1340	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention

				kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse	includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity",

				preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental

					confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are

					complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and

					pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
392	HNHOD46	1340	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other

				response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may	diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	
392	HNHOD46	1340	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

				that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by	Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the

				reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
392	HNHOD46	1340	Activation of transcription through serum response element in pre-adipocytes.	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic

				expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse	nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired

				preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below). Additional highly preferred indications are complications associated with insulin resistance.
392	HNHOD46	1340	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease,

					inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
392	HNHOD46	1340	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention)	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple

				include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

					benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
392	HNHOD46	1340	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6	A highly preferred embodiment of the invention includes a method for

				participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and	stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune

				the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen	response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
392	HNHOD46	1340	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below

				invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925	under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				(1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
392	HNHOD46	1340	SEAP in HIB/CRE		
392	HNHOD46	1340	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under

				cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell	"Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

				et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
392	HNHOD46	1340	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under

				cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	"Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
392	HNHOD46	1340	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in	

				the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
	HNHOD46	1340	IL-10 in Human T-		

392			cell 2B9		
392	HNHOD46	1340	SEAP in Jurkat-AP1		
392	HNHOD46	1340	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, bind to CREB transcription factor, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
392	HNHOD46	1340	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic

				Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
392	HNHOD46	1340	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
392	HNHOD46	1340	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety.	indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders.

				Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
392	HNHOD46	1340	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative

				85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted

					organs, asthma and allergy.
392	HNHOD46	1340	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
392	HNHOD46	1340	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to	systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				these assays include the NKL cell line, which is a human natural killer cell line established from the peripheral blood of a patient with large granular lymphocytic leukemia. This IL-2 dependent suspension culture cell line has a morphology resembling that of activated NK cells.	Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
392	HNHOD46	1340	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include

				used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS,

					allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
392	HNHOD46	1340	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

					indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic

					paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
392	HNHOD46	1340	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma

				and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these	(e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under

				assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.

392	HNHOD46	1340	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.

392	HNHOD46	1340	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al.,	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such

				29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
	HNHOD46	1340	Activation of	Assays for the activation of	A highly preferred

392			transcription through STAT6 response element in immune cells (such as T-cells).	transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538	indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and

				(1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

393	HNHOG73	1341	SEAP in 293/ISRE		
393	HNHOG73	1341	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

				may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a	cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.

				continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	
393	HNHOG73	1341	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
393	HNHOG73	1341	Activation of transcription through serum	Assays for the activation of transcription through the Serum Response Element	A preferred embodiment of the invention includes a method for inhibiting (e.g.,

			response element in immune cells (such as natural killer cells).	(SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of	reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly

				which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
394	HNHPD10	1342	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as

				may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are	described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section

				herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
394	HNHPD10	1342	SEAP in HIB/CRE		
394	HNHPD10	1342	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders.

				through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur	Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

				J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
394	HNHPD10	1342	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders.

				through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol	Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

				31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
395	HNTBI57	1343	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and

				production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp	inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
396	HNTCE26	1344	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention

				and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				(2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
396	HNTCE26	1344	CD69 in Human T cells		
396	HNTCE26	1344	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes.	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel

				Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established	blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

				from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
396	HNTCE26	1344	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
397	HNTNC20	1345	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative

				al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"),

					and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

					described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein.

					Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
397	HNTNC20	1345	TNFa in Human T-cell 2B9		
398	HNTNI01	1346	Regulation of transcription via DMEF1 response	Assays for the regulation of transcription through the DMEF1 response element are	A highly preferred indication is diabetes mellitus. Additional highly preferred

			element in adipocytes and pre-adipocytes	well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine

				disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line.	Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	
398	HNTNI01	1346	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke,

				binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely	impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin

				generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	resistance.
398	HNTNI01	1346	Activation of transcription through serum response element in pre-adipocytes.	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below),

				the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under	diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below). Additional highly preferred indications are

				appropriate differentiation conditions known in the art.	complications associated with insulin resistance.
398	HNTNI01	1346	Activation of transcription through GAS response element in immune cells (such as eosinophils).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate gene expression (commonly via STAT transcription factors) involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting an eosinophil-mediated immune response and, alternatively, suppressing an eosinophil-mediated immune response.

				85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995); the contents of each of which are herein incorporated by reference in its entirety. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate or inhibit activation of immune cells include assays disclosed and/or cited in: Mayumi M., "EoL-1, a human eosinophilic cell line" Leuk Lymphoma; Jun;7(3):243-50 (1992); Bhattacharya S, "Granulocyte macrophage colony-stimulating factor and interleukin-5 activate STAT5 and induce CIS1 mRNA in human peripheral blood eosinophils" Am J Respir Cell Mol Biol; Mar;24(3):312-6 (2001); and, Du J, et al., "Engagement of the CrkL	

				adapter in interleukin-5 signaling in eosinophils" J Biol Chem; Oct 20;275(42):33167-75 (2000); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are a type of immune cell important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Increases in GAS mediated transcription in eosinophils is typically a result of STAT activation, normally a direct consequence of interleukin or other cytokine receptor stimulation (e.g. IL3, IL5 or GMCSF).	
398	HNTNI01	1346	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"),

				agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in	immunological disorders, inflammation and inflammatory disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below).

				transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
398	HNTNI01	1346	Regulation of transcription of Malic Enzyme in adipocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis.	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

				Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al.,	Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the

				Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver hepatoma cell line.	urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
398	HNTNI01	1346	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include

				antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease,

				reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
398	HNTNI01	1346	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include

				(including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease,

				(1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
398	HNTNI01	1346	Activation of transcription through NFKB response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFkB signaling pathway in HMC-1 human mast cell line. Activation of NFkB in mast cells has been linked to production of certain cytokines, such as IL-6 and IL-9. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Stassen et al, J Immunol 166(7):4391-8 (2001); and Marquardt and Walker, J Allergy Clin Immunol 105(3):500-5 (2000), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used	"Blood-Related Disorders"). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
398	HNTNI01	1346	Activation of transcription through STAT6 response element in immune cells (such as mast cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element in immune cells (such as in the human HMC-1 mast cell line) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic

				through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Sherman, Immunol Rev 179:48-56 (2001); Malaviya and Uckun, J Immunol 168:421-426 (2002); Masuda et al., J Biol Chem 275(38):29331-29337 (2000); and Masuda et al., J Biol Chem 276:26107-26113 (2001), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells	lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include hematopoietic and immunological disorders such as arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

				that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
398	HNTNI01	1346	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
	HNTNI01	1346	SEAP in		

398			Molt4/SRE		
398	HNTNI01	1346	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under

				85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	"Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					asthma and allergy.
398	HNTNI01	1346	SEAP in NK16/STAT6		
398	HNTNI01	1346	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas,

					multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
399	HNTSY18	1347	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell

				invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described

					below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

					hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are

					complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or

					dysplasia.
400	HOAAC90	1348	SEAP in HIB/CRE		
400	HOAAC90	1348	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include

				(1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
400	HOAAC90	1348	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g.,

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
401	HOACB38	1349	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under

				known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	"Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma,

				(2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described

					below under "Infectious Disease").
401	HOACB38	1349	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
402	HOCNF19	1350	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g.,

				the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under	increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described

				appropriate differentiation conditions known in the art.	below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease,

					hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies,

					muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
402	HOCNF19	1350	HLA-DR in Human T cells		
	HOCNF19	1350	Production of IL-4	IL-4 FMAT. Assays for	A highly preferred

402				immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

				invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to	preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

				immunomodulatory factors.	suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
403	HODDF13	1351	Regulation of transcription through the FAS promoter element in hepatocytes	Assays for the regulation of transcription through the FAS promoter element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the FAS promoter element in a reporter construct and to regulate transcription of FAS, a key enzyme for lipogenesis. FAS promoter is regulated by many transcription factors including SREBP. Insulin increases FAS gene transcription in livers of diabetic mice. This stimulation of transcription is	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental

				also somewhat glucose dependent. Exemplary assays that may be used or routinely modified to test for FAS promoter element activity (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Xiong, S., et al., Proc Natl Acad Sci U.S.A., 97(8):3948-53 (2000); Roder, K., et al., Eur J Biochem, 260(3):743-51 (1999); Oskouian B, et al., Biochem J, 317 (Pt 1):257-65 (1996); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these	confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively,

				assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
403	HODDF13	1351	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
403	HODDF13	1351	Activation of transcription through GATA-3 response element in immune cells (such	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as

			as mast cells).	cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
403	HODDF13	1351	Activation of transcription through NFAT response element in immune cells (such	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as

			as mast cells).	cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
403	HODDF13	1351	Production of VCAM in endothelial cells	Assays for measuring expression of VCAM are well-known in the art and may be	Highly preferred indications include inflammation (acute and chronic), restnosis,

			(such as human umbilical vein endothelial cells (HUVEC))	used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and	atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	
403	HODDF13	1351	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
403	HODDF13	1351	Activation of Transcription	Assays for activation of transcription are well-known in the art and may be used and routinely modified to assess ability of polypeptides of the invention to inhibit or activate transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model for studies on the mechanism of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al., Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by	

				reference in its entirety.	
404	HODDN65	1352	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

404	HODDN65	1352	SEAP in OE-33		
405	HODDN92	1353	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly

				cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or	preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
405	HODDN92	1353	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention

				and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb	includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

405	HODDN92	1353	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also

				invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative

					disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
405	HODDN92	1353	Regulation of transcription through the FAS promoter element in hepatocytes	Assays for the regulation of transcription through the FAS promoter element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the FAS promoter element in a reporter construct and to regulate transcription of FAS, a key enzyme for lipogenesis. FAS promoter is regulated by many transcription factors including SREBP. Insulin increases FAS gene transcription in livers of diabetic mice. This stimulation of transcription is also somewhat glucose dependent. Exemplary assays that may be used or routinely modified to test for FAS promoter element activity (in hepatocytes) by polypeptides of the invention (including	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other

				antibodies and agonists or antagonists of the invention) include assays disclosed in Xiong, S., et al., Proc Natl Acad Sci U.S.A., 97(8):3948-53 (2000); Roder, K., et al., Eur J Biochem, 260(3):743-51 (1999); Oskouian B, et al., Biochem J, 317 (Pt 1):257-65 (1996); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
405	HODDN92	1353	Activation of transcription through GATA-3	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred

			response element in immune cells (such as mast cells).	human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
405	HODDN92	1353	Activation of transcription through NFAT	This reporter assay measures activation of the NFAT signaling pathway in HMC-1	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred

			response element in immune cells (such as mast cells).	human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HODDN92	1353	Activation of	Kinase assay. JNK and p38	A highly preferred

405			Endothelial Cell p38 or JNK Signaling Pathway.	kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An

				the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis,

					cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s

					sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s

					phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment

					/prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
406	HODDO08	1354	Activation of transcription	Assays for the activation of transcription through the CD28	A highly preferred embodiment of the invention

			through CD28 response element in immune cells (such as T-cells).	response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are	includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous

					disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
407	HODDW40	1355	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as

				cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in	described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
407	HODDW40	1355	Glucose Production in H4IIE		
407	HODDW40	1355	SEAP in HepG2/Squale-synthetase(stimulation)		
407	HODDW40	1355	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety.	

				Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
407	HODDW40	1355	SEAP in OE-33		
408	HODEJ32	1356	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific

				and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under "Immune

					Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

					cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with

					insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.

409	HODFN71	1357	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
409	HODFN71	1357	IL-2 in Human T-cell 293T		
409	HODFN71	1357	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a

				the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays	method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
409	HODFN71	1357	SEAP in Molt4/SRE		
409	HODFN71	1357	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include

				modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human	inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				natural killer cell line with cytolytic and cytotoxic activity.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
409	HODFN71	1357	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HODFN71	1357	SEAP in		

409			NK16/STAT6		
409	HODFN71	1357	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders.

				Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

					benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
409	HODFN71	1357	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease,

					inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
410	HODGE68	1358	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

					conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
411	HOEBK34	1359	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An

				activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute

				(2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia.
411	HOEBK34	1359	CD152 in Human T cells		
411	HOEBK34	1359	Caspase (+paclitaxel) in SW480		
411	HOEBK34	1359	IL-8 in SW480		
412	HOEBZ89	1360	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	

412	HOEBZ89	1360	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-	

				133 (1974), which is herein incorporated by reference in its entirety.	
412	HOEBZ89	1360	VEGF in HT1080		
412	HOEBZ89	1360	IgG in Human B cells SAC		
412	HOEBZ89	1360	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include

				inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the	autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

				contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
412	HOEBZ89	1360	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g.,

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin	reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include

				Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred

					indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
412	HOEBZ89	1360	IL-6 in HUVEC		
413	HOEDB32	1361	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which,	immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia,

				when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
413	HOEDB32	1361	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple

				cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using	sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
413	HOEDB32	1361	MCP-1 in Eol-1		
413	HOEDB32	1361	Activation of transcription	Assays for the activation of transcription through the	A preferred embodiment of the invention includes a

			through serum response element in immune cells (such as natural killer cells).	Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117	method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid

				(1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
413	HOEDB32	1361	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include

				assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
414	HOEDE28	1362	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

				antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J	Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma

				Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	(e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication

					is infection (e.g., an infectious disease as described below under “Infectious Disease”).
414	HOEDE28	1362	IL-10 in Human T-cell 2B9		
415	HOEDH84	1363	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described

				(1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
416	HOEFV61	1364	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia,

				routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an	lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
416	HOEFV61	1364	VEGF in SW480		
417	HOFMQ33	1365	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

				cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ohtani KI, et al., Endocrinology, 139(1):172-8 (1998); Krautheim A, et al, Exp Clin Endocrinol Diabetes, 107 (1):29-34 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by	cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with

				somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	insulin resistance.
417	HOFMQ33	1365	SEAP in Molt4/SRE		
418	HOFMT75	1366	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications

				invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease,

					sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
418	HOFMT75	1366	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing)

				(1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under

					"Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that

					inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications

					also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or

					other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic

					inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
419	HOFNC14	1367	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999);	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred

				Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-	indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
420	HOFND85	1368	Activation of transcription through NFKB response element in immune cells (such	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g.,

			as T-cells).	to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used	as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
421	HOFNY91	1369	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases

				Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	(e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
421	HOFNY91	1369	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms

				tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
422	HOFOC33	1370	SEAP in ATP-3T3-L1		
422	HOFOC33	1370	Activation of transcription through NFKB response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders").

				invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g.,	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NKL cell line, which is a human natural killer cell line established from the peripheral blood of a patient with large granular lymphocytic leukemia. This IL-2 dependent suspension culture cell line has a morphology resembling that of activated NK cells.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
423	HOFOC73	1371	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease,

				proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by reference in their entirety. Exemplary myoblast cells that	cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
423	HOFOC73	1371	Caspase (+camptothecin) in SW480		
424	HOGAW62	1372	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred

				activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular	embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac

				permeability, vascular tone, and immune cell extravasation.	hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as

					well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal,

					stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring,

					ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

					sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
425	HOGCK20	1373	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents	

				of which are herein incorporated by reference in its entirety.	
425	HOGCK20	1373	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
425	HOGCK20	1373	IL-10 in Human T-cell 2B9		
425	HOGCK20	1373	SEAP in OE-33		
	HOGCK63	1374	SEAP in		

426			HepG2/Squale-synthetase(stimulation)		
426	HOGCK63	1374	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				microvascular endothelial cells (MVEC).	
427	HOGCS52	1375	SEAP in HepG2/Squale-synthetase(stimulation)		
427	HOGCS52	1375	IL-2 in Human T cells		
427	HOGCS52	1375	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely	

				modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to,	

				angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
427	HOGCS52	1375	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative

				85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune

					reactions to transplanted organs, asthma and allergy.
428	HOHBB49	1376	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation	include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

				and functional activities.	lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
429	HOHBC68	1377	Activation of Natural Killer Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or	A highly preferred embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural

				inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have	killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				cytolytic and cytotoxic activity) or primary NK cells.	multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues,

					endocarditis, meningitis, Lyme Disease, and allergies.
430	HOHBY12	1378	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

				that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	
430	HOHBY12	1378	IL-2 in Human T-cell 2B9		
430	HOHBY12	1378	TNFa in Human T-cell 2B9		
431	HOHBY44	1379	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte

				assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation	activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity

				conditions known in the art.	and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other

					diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as

					described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
432	HOHCC74	1380	IL-6 in HUVEC		
432	HOHCC74	1380	Activation of Natural Killer Cell	Kinase assay. Kinase assays, for example an Elk-1 kinase	A highly preferred embodiment of the invention

			ERK Signaling Pathway.	assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its	includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious Disease"). Preferred

				entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Other highly preferred

					indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
433	HOHCH55	1381	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HONAH29	1382	Activation of	This reporter assay measures	Highly preferred indications

434			transcription through GATA-3 response element in immune cells (such as mast cells).	activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under “Hyperproliferative

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HONAH29	1382	Activation of	This reporter assay measures	Highly preferred indications

434			transcription through NFAT response element in immune cells (such as mast cells).	activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
435	HOSDJ25	1383	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

				these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	
435	HOSDJ25	1383	SEAP in HIB/CRE		
435	HOSDJ25	1383	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
435	HOSDJ25	1383	Regulation of apoptosis in pancreatic beta cells.	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Apoptosis in pancreatic beta is associated with induction and progression of diabetes. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Loweth, AC, et al., FEBS Lett, 400(3):285-8 (1997); Saini, KS, et al., Biochem Mol Biol Int,	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,

				39(6):1229-36 (1996); Krautheim, A., et al., Br J Pharmacol, 129(4):687-94 (2000); Chandra J, et al., Diabetes, 50 Suppl 1:S44-7 (2001); Suk K, et al., J Immunol, 166(7):4481-9 (2001); Tejedo J, et al., FEBS Lett, 459(2):238-43 (1999); Zhang, S., et al., FEBS Lett, 455(3):315-20 (1999); Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include RIN-m. RIN-m is a rat adherent pancreatic beta cell insulinoma cell line derived from a radiation	microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

				induced transplantable rat islet cell tumor. The cells produce and secrete islet polypeptide hormones, and produce insulin, somatostatin,and possibly glucagon. ATTC: #CRL-2057 Chick et al. Proc. Natl. Acad. Sci. 1977 74:628; AF et al. Proc. Natl. Acad. Sci. 1980 77:3519.	
436	HOSEG51	1384	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly

				used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J	preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia,

				Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious

					Disease").
437	HOSFD58	1385	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
438	HOUCQ17	1386	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal	A highly preferred embodiment of the invention includes a method for

				transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic

				the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure,

					nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and

					disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as,

					lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
438	HOUCQ17	1386	SEAP in HIB/CRE		
438	HOUCQ17	1386	Regulation of proliferation and/or differentiation in immune cells (such as mast cells).	Kinase assays, for example an Elk-1 kinase assay for ERK signal transduction that regulates cell proliferation or differentiation, are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Ali H, et al., J Immunol, 165(12):7215-7223 (2000); Tam SY, et al., Blood, 90(5):1807-1820 (1997); Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Berra et al., Biochem Pharmacol 60(8):1171-1178 (2000); Gupta et al., Exp Cell Res 247(2):495-504 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary immune cells that may be used according to these assays include human mast cells such as the HMC-1 cell line.	
	HOUCQ17	1386	Activation of	This reporter assay measures	Highly preferred indications

438			transcription through GATA-3 response element in immune cells (such as mast cells).	activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HOUCQ17	1386	Activation of	This reporter assay measures	Highly preferred indications

438			transcription through NFAT response element in immune cells (such as mast cells).	activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
438	HOUCQ17	1386	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green	

				H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
438	HOUCQ17	1386	IgG in Human B cells SAC		
438	HOUCQ17	1386	IFNg in Human T-cell 2B9		
438	HOUCQ17	1386	IL-10 in Human T-cell 2B9		
438	HOUCQ17	1386	IL-6 in HUVEC		
438	HOUCQ17	1386	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES,	

				and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are	

				endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
438	HOUCQ17	1386	CXCR4 in SW480		
439	HOUDK26	1387	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below).

				antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
440	HOVCA92	1388	IFNg in Human T-cell 2B9		
440	HOVCA92	1388	SEAP in NK16/STAT6		
440	HOVCA92	1388	SEAP in UMR-106		
441	HPASA81	1389	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under

				proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described

				disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
442	HPBCU51	1390	Regulation of viability or proliferation of immune cells (such as human eosinophil EOL-1 cells).	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Eosinophils are a type of	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as

				immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eosinophil cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary eosinophil cells that may be used according to these assays include EOL-1 Cells.	described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
442	HPBCU51	1390	Glucose Production in H4IIE		
442	HPBCU51	1390	SEAP in HIB/CRE		
442	HPBCU51	1390	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes,	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred

				and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-	indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as

				204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
442	HPBCU51	1390	IL-8 in SW480		
442	HPBCU51	1390	SEAP in UMR-106		
443	HPDDC77	1391	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
443	HPDDC77	1391	IL-2 in Human T cells		
443	HPDDC77	1391	Caspase (+paclitaxel) in SW480		
444	HPDWP28	1392	SEAP in HIB/CRE		
444	HPDWP28	1392	CD152 in Human T cells		
445	HPEAD48	1393	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT)	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g.,

				response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol	as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease,

				165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
445	HPEAD48	1393	SEAP in Senescence Assay		
446	HPEBE79	1394	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and

				production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp	inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
447	HPFCL43	1395	SEAP in ATP-3T3-L1		
447	HPFCL43	1395	Activation of transcription through serum response element in immune cells (such	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative

			as T-cells).	routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications

				through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
447	HPFCL43	1395	Caspase (+camptothecin) in SW480		
448	HPFDG48	1396	SEAP in 293/ISRE		
448	HPFDG48	1396	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under

				antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia,

				(1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An

					additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
448	HPFDG48	1396	Activation of transcription through STAT6 response element in immune cells (such as mast cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element in immune cells (such as in the human HMC-1 mast cell line) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in	Highly preferred indications include allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under

				Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Sherman, Immunol Rev 179:48-56 (2001); Malaviya and Uckun, J Immunol 168:421-426 (2002); Masuda et al., J Biol Chem 275(38):29331-29337 (2000); and Masuda et al., J Biol Chem 276:26107-26113 (2001), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	"Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include hematopoietic and immunological disorders such as arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

448	HPFDG48	1396	SEAP in OE-21		
448	HPFDG48	1396	SEAP in UMR-106		
449	HPIAQ68	1397	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these	immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign

				assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
449	HPIAQ68	1397	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An

				activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute

				(2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia.
450	HPIBO15	1398	Regulation of viability and proliferation of pancreatic beta cells.	Assays for the regulation of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pancreatic beta cells. For example, the Cell Titer-Glo luminescent cell viability assay measures the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Exemplary assays that may be used or routinely modified to test regulation of viability and proliferation of pancreatic beta cells by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Friedrichsen BN, et al., Mol Endocrinol,	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the

				15(1):136-48 (2001); Huotari MA, et al., Endocrinology, 139(4):1494-9 (1998); Hugl SR, et al., J Biol Chem 1998 Jul 10;273(28):17771-9 (1998), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	"Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
450	HPIBO15	1398	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6	A highly preferred embodiment of the invention includes a method for

				participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and	stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune

				the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen	response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
450	HPIBO15	1398	Glucose Production in H4IIE		
451	HPICB53	1399	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis.	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention

				Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells	includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a

				(bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins

					and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign

					dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal

					diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

					described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
452	HPJBK12	1400	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-

				secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells	hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are

				transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	complications associated with insulin resistance.
452	HPJBK12	1400	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g.,	

				through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
452	HPJBK12	1400	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for

				Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as

					described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly

					preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke,

					graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such

					as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
453	HPJCL22	1401	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the

				Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease").

					A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia,

					endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery

					disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
453	HPJCL22	1401	CD152 in Human T cells		
453	HPJCL22	1401	IL-8 in Normal Human Bronchial Epitheliae		
454	HPJCW04	1402	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated	A highly preferred embodiment of the invention includes a method for

				macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J	inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly

				Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel

					disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
454	HPJCW04	1402	SEAP in OE-21		
455	HPJEX20	1403	SEAP in NK16/STAT6		
456	HPMAI22	1404	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
456	HPMAI22	1404	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available	"Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				(e.g., through the ~~ATCC~~ATCC™).	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
457	HPMFP40	1405	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred

				regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2	indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally,

				dependent suspension culture of T cells with cytotoxic activity.	highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
458	HPMGJ45	1406	CD152 in Human T cells		
459	HPQAC69	1407	SEAP in 3T3L1		
459	HPQAC69	1407	CD152 in Human T cells		
460	HPRBC80	1408	SEAP in HIB/CRE		
460	HPRBC80	1408	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders").

				antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are	Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS,

				herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
460	HPRBC80	1408	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders").

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et	Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS,

				al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
460	HPRBC80	1408	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are	described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
460	HPRBC80	1408	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune

				in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example,

				cell line with cytolytic and cytotoxic activity.	leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and

					asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
460	HPRBC80	1408	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988);	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic

				Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis,

					meningitis, and Lyme Disease.
460	HPRBC80	1408	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under

				85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	"Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					asthma and allergy.
460	HPRBC80	1408	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms

				(1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.

461	HPRBF19	1409	Activation of transcription through NFKB response element in neuronal cells (such as SKNMC cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of neuronal genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gill JS, et al., Neurobiol Dis, 7(4):448-461 (2000); Tamatani M, et al., J Biol Chem, 274(13):8531-8538 (1999); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Neurological Diseases and Disorders (e.g. Alzheimer"s Disease, Parkinson"s Disease, Brain Cancer, Seizures).

				Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Neuronal cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary neuronal cells that may be used according to these assays include the SKNMC neuronal cell line.	
462	HPTTG19	1410	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative

				associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved	highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include

				in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or

					cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred

					indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and

					inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
463	HPTVX32	1411	SEAP in BEAS/NFkB		
463	HPTVX32	1411	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to	indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	mellitus, endocarditis, meningitis, and Lyme Disease.
463	HPTVX32	1411	Hexosaminidase in RBL-2H3		
464	HPVAB94	1412	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
465	HPWAY46	1413	SEAP in 293/ISRE		
465	HPWAY46	1413	SEAP in HIB/CRE		
465	HPWAY46	1413	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

				regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
465	HPWAY46	1413	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

				agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

				which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
465	HPWAY46	1413	IL-6 in HUVEC		
465	HPWAY46	1413	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred

				response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that	embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. An additional highly preferred indication includes infection (e.g., AIDS, and/or as

				produce IL-2 when stimulated.	described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g., T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication is infection (e.g., tuberculosis, infections associated with granulomatous disease, and

					osteoporosis, and/or an infectious disease as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					asthma and allergy.
465	HPWAY46	1413	SEAP in Jurkat/IL4 promoter		
465	HPWAY46	1413	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
465	HPWAY46	1413	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g.,

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia,

					leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
465	HPWAY46	1413	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

				through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays	rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
466	HPWDJ42	1414	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular	

				carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
466	HPWDJ42	1414	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
467	HPZAB47	1415	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders.

				Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to

					transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
467	HPZAB47	1415	CD152 in Human T cells		
467	HPZAB47	1415	Activation of transcription through NFKB response element in neuronal cells (such as SKNMC cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of neuronal genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gill JS, et al., Neurobiol Dis, 7(4):448-461 (2000); Tamatani M, et al., J Biol Chem, 274(13):8531-	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Neurological Diseases and Disorders (e.g. Alzheimer"s Disease, Parkinson"s Disease, Brain Cancer, Seizures).

				8538 (1999); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Neuronal cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary neuronal cells that may be used according to these assays include the SKNMC neuronal cell line.	
468	HRAAB15	1416	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders",

				the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative

				through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
468	HRAAB15	1416	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune

				and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J	Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
469	HRABA80	1417	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other

				disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is	diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	
469	HRABA80	1417	CD152 in Human T cells		
469	HRABA80	1417	Activation of Endothelial Cell ERK Signaling Pathway.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for

				and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Berra et al., Biochem Pharmacol 60(8):1171-1178 (2000); Gupta et al., Exp Cell Res 247(2):495-504 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone,	stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell differentiation. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An

				and immune cell extravasation.	alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under

					"Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma,

					haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also

					include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under

					"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
470	HRACD15	1418	Regulation of transcription of Malic Enzyme in hepatocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below),

				lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol.	diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal

				216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the mouse 3T3-L1 cell line. 3T3-L1 is a mouse preadipocyte cell line (adherent). It is a continuous substrain of 3T3 fibroblasts developed through clonal isolation. Cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
470	HRACD15	1418	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders",

				the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative

				through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
470	HRACD15	1418	SEAP in HIB/CRE		
470	HRACD15	1418	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb	

				3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
470	HRACD15	1418	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
471	HRACD80	1419	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under

				proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described

				disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
472	HRDDV47	1420	CD71 in Human T cells		
472	HRDDV47	1420	IL-10 in Human T-cell 2B9		
473	HRDFD27	1421	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

					preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
473	HRDFD27	1421	IL-10 in Human T-cell 2B9		

473	HRDFD27	1421	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing)

				Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension,

					aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors,

					leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s

					disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular

					degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
	HRDFD27	1421	Activation of	Assays for the activation of	Highly preferred indications

473			transcription through NFKB response element in immune cells (such as natural killer cells).	transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med	include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell

				82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NKL cell line, which is a human natural killer cell line established from the peripheral blood of a patient with large granular lymphocytic leukemia. This IL-2 dependent suspension culture cell line has a morphology resembling that of activated NK cells.	carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
474	HROAJ03	1422	IL-4 in HMC		
	HROAJ03	1422	Activation of	Kinase assay. JNK and p38	A highly preferred

474			Endothelial Cell p38 or JNK Signaling Pathway.	kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An

				the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis,

					cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s

					sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s

					phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment

					/prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
475	HRTAE58	1423	Production of TNF alpha by dendritic	TNFa FMAT. Assays for immunomodulatory proteins	A highly preferred embodiment of the invention

			cells	produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid

				disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
475	HRTAE58	1423	Activation of Transcription	Assays for activation of transcription are well-known in the art and may be used and routinely modified to assess ability of polypeptides of the invention to inhibit or activate transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model	

				for studies on the mechanism of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al., Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by reference in its entirety.	
476	HSATR82	1424	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies

				(1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

					conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
477	HSAUK57	1425	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative

				IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell	highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include

				proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation	inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				and functional activities.	multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
477	HSAUK57	1425	IgG in Human B cells SAC		
478	HSAUL82	1426	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g.,

				the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J	as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and

				Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and

					asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
478	HSAUL82	1426	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma,

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
479	HSAVH65	1427	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders

				the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T	(e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
479	HSAVH65	1427	ICAM in Normal Human Bronchial Epitheliae		
479	HSAVH65	1427	IL-8 in Normal Human Bronchial Epitheliae		
480	HSAVK10	1428	Activation of transcription through AP1	Assays for the activation of transcription through the AP1 response element are known in	Preferred indications include neoplastic diseases (e.g., as described below under

			response element in immune cells (such as T-cells).	the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by	"Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast,

				reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
480	HSAVK10	1428	Activation of transcription through cAMP response element in immune cells (such as T-cells).	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., an

				(including antibodies and agonists or antagonists of the invention) to increase cAMP and regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Genes 15(2):105-117 (1997); and Belkowski et al., J Immunol 161(2):659-665 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are	infectious disease as described below under "Infectious Disease"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate,

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
480	HSAVK10	1428	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative

				IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell	highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include

				proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation	inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				and functional activities.	multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
480	HSAVK10	1428	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include

				chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828	blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				(1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
480	HSAVK10	1428	SEAP in Senescence Assay		
481	HSAWD74	1429	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				adipose-like conversion under appropriate differentiation culture conditions.	
481	HSAWD74	1429	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal,

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line	stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
481	HSAWD74	1429	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed	

				through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
482	HSAWZ41	1430	SEAP in 293/ISRE		
482	HSAWZ41	1430	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic

				in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g.,	neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred

				through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	indications are complications associated with insulin resistance.
482	HSAWZ41	1430	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
482	HSAWZ41	1430	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of	immunodeficiencies (e.g., as described below).

				eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
482	HSAWZ41	1430	SEAP in HIB/CRE		
482	HSAWZ41	1430	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
482	HSAWZ41	1430	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
482	HSAWZ41	1430	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain,

					liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
	HSAWZ41	1430	SEAP in OE-21		

482					
482	HSAWZ41	1430	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988);	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below),

				Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease,

					inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
482	HSAWZ41	1430	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
483	HSAXA83	1431	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

					preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
484	HSAYB43	1432	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well	A highly preferred embodiment of the invention

				known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety.	includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention

				Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications

					include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma,

					lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured

					tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

					"Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
485	HSAYM40	1433	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as

				and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma,

				invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
485	HSAYM40	1433	IgG in Human B cells SAC		
485	HSAYM40	1433	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

					suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
486	HSDAJ46	1434	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with	inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

				cytolytic and cytotoxic activity.	arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
487	HSDEK49	1435	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

					preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
487	HSDEK49	1435	Regulation of transcription of	Assays for the regulation of transcription of Malic Enzyme	A highly preferred indication is diabetes mellitus.

			Malic Enzyme in adipocytes	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998);	An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine

				Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver hepatoma cell line.	Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
487	HSDEK49	1435	MIP-1a in HMC		
488	HSDER95	1436	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative

				IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell	highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include

				proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation	inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				and functional activities.	multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
489	HSDEZ20	1437	Inhibition of adipocyte ERK signaling pathway.	Kinase assay: measures the phosphorylation of Elk-1, an indication of activation of extracellular signal regulated kinase (ERK). ERK pathway regulates cell growth, proliferation and differentiation. Cells were pretreated with SID supernatants for 15-18 hours, and then 100 nM of insulin was added to stimulate ERK kinase. Phosphorylation of Elk-1 was measured after a 20	

				minute incubation. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art. Cells were differentiated to an adipose-like state before being used in the screen. See Green et al., Cell 3: 127-133 (1974), the contents of which are herein incorporated by reference in its entirety.	
489	HSDEZ20	1437	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders.

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays	Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb	

				2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
490	HSDFW45	1438	SEAP in 293/ISRE		
490	HSDFW45	1438	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic

				expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol	nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired

				20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
490	HSDFW45	1438	SEAP in HIB/CRE		
490	HSDFW45	1438	Activation of transcription through GATA-3 response element in immune cells (such	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as

			as mast cells).	cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
490	HSDFW45	1438	Activation of transcription through NFAT response element in immune cells (such	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as

			as mast cells).	cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
490	HSDFW45	1438	SEAP in Jurkat/IL4 promoter		
	HSDFW45	1438	SEAP in Jurkat/IL4		

490			promoter (antiCD3 co-stim)		
491	HSDJA15	1439	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include

				which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other

					diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the

					"Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms

					and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
491	HSDJA15	1439	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications

				activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast,

					lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below

					under “Infectious Disease”).
491	HSDJA15	1439	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
491	HSDJA15	1439	Production of IL-5	IL-5 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells, mast cells, basophils, and eosinophils that stimulate eosinophil function and B cell Ig production and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cell function, modulate B cell Ig production, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-5, and the stimulation of eosinophil function and B cell Ig production. Such assays that may be used or routinely	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-5 production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-5 production. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) immunoglobulin production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) immunoglobulin production. A highly preferred indication includes allergy. A highly preferred indication includes asthma. A highly preferred indication includes rhinitis. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders.

				modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Ohshima et al., Blood 92(9):3338-3345 (1998); Jung et al., Eur J Immunol 25(8):2413-2416 (1995); Mori et al., J Allergy Clin Immunol 106(1 Pt 2):558-564 (2000); and Koning et al., Cytokine 9(6):427-436 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and	Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

				CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
492	HSDJJ82	1440	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell

				apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone,	proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A

				and immune cell extravasation.	highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic

					disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also

					include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from

					balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include

					autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
492	HSDJJ82	1440	IL-6 in HUVEC		
493	HSDJL42	1441	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-	"Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's

				16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
493	HSDJL42	1441	ICAM in OE19		
494	HSDJM31	1442	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment

				and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the	of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension,

				~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic

					neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with

					obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer.

					Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
494	HSDJM31	1442	VEGF in SW480		
495	HSDSB09	1443	SEAP in 293/ISRE		
495	HSDSB09	1443	Regulation of transcription via DMEF1 response element in adipocytes and pre-adipocytes	Assays for the regulation of transcription through the DMEF1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the DMEF1 response element in a reporter construct (such as that containing the GLUT4 promoter) and to regulate insulin production. The DMEF1 response element is present in the GLUT4 promoter and binds to MEF2 transcription factor and another	A highly preferred indication is diabetes mellitus. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic

				transcription factor that is required for insulin regulation of Glut4 expression in skeletal muscle. GLUT4 is the primary insulin-responsive glucose transporter in fat and muscle tissue. Exemplary assays that may be used or routinely modified to test for DMEF1 response element activity (in adipocytes and pre-adipocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed inThai, M.V., et al., J Biol Chem, 273(23):14285-92 (1998); Mora, S., et al., J Biol Chem, 275(21):16323-8 (2000); Liu, M.L., et al., J Biol Chem, 269(45):28514-21 (1994); "Identification of a 30-base pair regulatory element and novel DNA binding protein that regulates the human GLUT4 promoter in transgenic mice", J Biol Chem. 2000 Aug 4;275(31):23666-73; Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol.	neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively,

				216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Adipocytes and pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the mouse 3T3-L1 cell line which is an adherent mouse preadipocyte cell line. Mouse 3T3-L1 cells are a continuous substrain of 3T3 fibroblasts developed through clonal isolation. These cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	weight gain. Additional highly preferred indications are complications associated with insulin resistance.
495	HSDSB09	1443	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus.

				agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol	An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine

				216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
495	HSDSB09	1443	Activation of transcription through serum	Assays for the activation of transcription through the Serum Response Element	A highly preferred indication is obesity and/or complications associated with obesity.

			response element in pre-adipocytes.	(SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used	Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below). Additional highly preferred indications are complications associated with insulin resistance.
495	HSDSB09	1443	SEAP in Alk Phos C2C12		
495	HSDSB09	1443	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described

				expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic	below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and

				activity.	cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
495	HSDSB09	1443	Regulation of transcription of Malic Enzyme in adipocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,

				(in adipoocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the H4IIE rat liver	microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

				hepatoma cell line.	
495	HSDSB09	1443	SEAP in HIB/CRE		
495	HSDSB09	1443	Stimulation of Calcium Flux in pancreatic beta cells.	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. For example, the FLPR assay may be used to measure influx of calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Satin LS, et al.,	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

				Endocrinology, 136(10):4589-601 (1995);Mogami H, et al., Endocrinology, 136(7):2960-6 (1995); Richardson SB, et al., Biochem J, 288 (Pt 3):847-51 (1992); and, Meats, JE, et al., Cell Calcium 1989 Nov-Dec;10(8):535-41 (1989), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or	described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

				glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	
495	HSDSB09	1443	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia,

				routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an	lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
495	HSDSB09	1443	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia,

				NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to	lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
495	HSDSB09	1443	Activation of transcription through NFKB response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFkB signaling pathway in HMC-1 human mast cell line. Activation of NFkB in mast cells has been linked to production of certain cytokines, such as IL-6 and IL-9. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Stassen et al, J Immunol 166(7):4391-8 (2001); and Marquardt and Walker, J Allergy Clin Immunol 105(3):500-5 (2000), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral	indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".

				blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
495	HSDSB09	1443	Activation of transcription through STAT6 response element in immune cells (such as mast cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element in immune cells (such as in the human HMC-1 mast cell line) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in	Highly preferred indications include allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include hematopoietic and immunological disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under

				Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Sherman, Immunol Rev 179:48-56 (2001); Malaviya and Uckun, J Immunol 168:421-426 (2002); Masuda et al., J Biol Chem 275(38):29331-29337 (2000); and Masuda et al., J Biol Chem 276:26107-26113 (2001), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	"Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include hematopoietic and immunological disorders such as arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

495	HSDSB09	1443	CXCR4 in HT1080		
495	HSDSB09	1443	IgG in Human B cells		
495	HSDSB09	1443	IgG in Human B cells SAC		
495	HSDSB09	1443	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,

				and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin	microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.

				secretion. References: Asfari et al. Endocrinology 1992 130:167.	
495	HSDSB09	1443	SEAP in Jurkat/IL4 promoter		
495	HSDSB09	1443	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
495	HSDSB09	1443	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative Disorders".
495	HSDSB09	1443	SEAP in Ku812/NFkB (TNF		

			synergy)		
495	HSDSB09	1443	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
495	HSDSB09	1443	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-

				transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays	Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia,

				are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
495	HSDSB09	1443	CXCR4 in SW480		
496	HSDSE75	1444	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as, rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas,

				cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by	congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
496	HSDSE75	1444	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as

				factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical	described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an

					infectious disease as described below under "Infectious Disease").
497	HSDZR57	1445	SEAP in Alk Phos C2C12		
497	HSDZR57	1445	SEAP in ATP-3T3-L1		
497	HSDZR57	1445	Activation of Endothelial Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention

				1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include

					neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or

					cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred

					indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and

					inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
498	HSHAX21	1446	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a

				Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under

					"Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders"

					section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include,

					hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
498	HSHAX21	1446	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for

				used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and	inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, AIDS, granulomatous

				Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
498	HSHAX21	1446	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated	A highly preferred embodiment of the invention includes a method for

				macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J	inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly

				Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel

					disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
498	HSHAX21	1446	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An

				modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
499	HSIAS17	1447	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as

				factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical	described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms

				approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an

					infectious disease as described below under "Infectious Disease").
499	HSIAS17	1447	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional

				immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and	highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				upregulate T cell proliferation and functional activities.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
499	HSIAS17	1447	TNFa in Human T-cell 2B9		
499	HSIAS17	1447	MCP-1 in HUVEC		
500	HSICV24	1448	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and

				production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
501	HSIDJ81	1449	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g.,

				the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al.,	diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

				Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

501	HSIDJ81	1449	TNFa in Human T-cell 2B9		
501	HSIDJ81	1449	Activation of transcription through NFKB response element in neuronal cells (such as SKNMC cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of neuronal genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gill JS, et al., Neurobiol Dis, 7(4):448-461 (2000); Tamatani M, et al., J Biol Chem, 274(13):8531-8538 (1999); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Neurological Diseases and Disorders (e.g. Alzheimer"s Disease, Parkinson"s Disease, Brain Cancer, Seizures).

				Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Neuronal cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary neuronal cells that may be used according to these assays include the SKNMC neuronal cell line.	
502	HSIDX71	1450	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-

				STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary	Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or

				T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	"Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
503	HSJBQ79	1451	Activation of Adipocyte ERK	Kinase assay. Kinase assays, for example an Elk-1 kinase	A highly preferred embodiment of the invention

			Signaling Pathway	assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol	includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications

				Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

					(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g.,

					infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms

					and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
504	HSKCP69	1452	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders").

				antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are	Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS,

				herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
504	HSKCP69	1452	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders").

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et	Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS,

				al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
505	HSKDA27	1453	MCP-1 in HUVEC		
505	HSKDA27	1453	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and

				role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays	inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-

				disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia,

					pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
505	HSKDA27	1453	Regulation of apoptosis in pancreatic beta cells.	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Apoptosis in pancreatic beta is associated with induction and progression of diabetes. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic

				(including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Loweth, AC, et al., FEBS Lett, 400(3):285-8 (1997); Saini, KS, et al., Biochem Mol Biol Int, 39(6):1229-36 (1996); Krautheim, A., et al., Br J Pharmacol, 129(4):687-94 (2000); Chandra J, et al., Diabetes, 50 Suppl 1:S44-7 (2001); Suk K, et al., J Immunol, 166(7):4481-9 (2001); Tejedo J, et al., FEBS Lett, 459(2):238-43 (1999); Zhang, S., et al., FEBS Lett, 455(3):315-20 (1999); Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may	neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly

				be routinely generated. Exemplary pancreatic cells that may be used according to these assays include RIN-m. RIN-m is a rat adherent pancreatic beta cell insulinoma cell line derived from a radiation induced transplantable rat islet cell tumor. The cells produce and secrete islet polypeptide hormones, and produce insulin, somatostatin,and possibly glucagon. ATTC: #CRL-2057 Chick et al. Proc. Natl. Acad. Sci. 1977 74:628; AF et al. Proc. Natl. Acad. Sci. 1980 77:3519.	preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
505	HSKDA27	1453	Caspase (+paclitaxel) in SW480		
506	HSKHZ81	1454	SEAP in 293/ISRE		
506	HSKHZ81	1454	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred

				invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
506	HSKHZ81	1454	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific	

				enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
506	HSKHZ81	1454	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
506	HSKHZ81	1454	Caspase (+paclitaxel) in SW480		
507	HSKNB56	1455	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a

				the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary	method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood

				mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	vessel blockage, heart disease, stroke, impotence and/or as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel

					blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly

					preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications

					include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
508	HSLCQ82	1456	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm,	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below),

				Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
509	HSLJG37	1457	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment

				macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test	of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include

				immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-	neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a

				mediated cytotoxicity.	T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
510	HSODE04	1458	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For	

				example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
510	HSODE04	1458	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression.	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood

				Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include

				invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to	neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

				immunomodulatory factors.	reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
510	HSODE04	1458	IFNg in Human T-cell 2B9		
511	HSPBF70	1459	CD152 in Human T cells		
512	HSQEO84	1460	Regulation of viability or proliferation of immune cells (such as human eosinophil EOL-1 cells).	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation.

				signals the presence of metabolically active cells. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eosinophil cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary eosinophil cells that may be used according to these assays include EOL-1 Cells.	Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
512	HSQEO84	1460	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or

				the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the	"Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's

				contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
512	HSQEO84	1460	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-	"Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's

				16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
512	HSQEO84	1460	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose	

				cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
512	HSQEO84	1460	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders,

				production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365	neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				(1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	
512	HSQEO84	1460	IL-6 in HUVEC		
512	HSQEO84	1460	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays	

				that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that	

				include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
512	HSQEO84	1460	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

				expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
512	HSQEO84	1460	SEAP in Senescence Assay		
513	HSSAJ29	1461	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
514	HSSDX51	1462	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly

				used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J	preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia,

				Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious

					Disease").
515	HSSFT08	1463	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
516	HSSGD52	1464	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under

				routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia

				Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	(ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
516	HSSGD52	1464	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under

				known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000);	"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia

				Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	(ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
516	HSSGD52	1464	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	

				regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
516	HSSGD52	1464	IL-2 in Human T-cell 293T		
516	HSSGD52	1464	Activation of transcription through serum response element in immune cells (such	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative

			as natural killer cells).	routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T	highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia,

					neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
516	HSSGD52	1464	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

				routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture	sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

				of IL-2 and IL-4 responsive T cells.	disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
517	HSSGG82	1465	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation.

				that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone,	A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of

				and immune cell extravasation.	the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization.

					Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis,

					hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders,

					vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease

					and Crohn's disease), and pain management.
518	HSSJC35	1466	Regulation of apoptosis of immune cells (such as mast cells).	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate caspase protease-mediated apoptosis in immune cells (such as, for example, in mast cells). Mast cells are found in connective and mucosal tissues throughout the body, and their activation via immunoglobulin E - antigen, promoted by T helper cell type 2 cytokines, is an important component of allergic disease. Dysregulation of mast cell apoptosis may play a role in allergic disease and mast cell tumor survival. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity induced by polypeptides of the invention (including antibodies	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				and agonists or antagonists of the invention) include the assays disclosed in: Masuda A, et al., J Biol Chem, 276(28):26107-26113 (2001); Yeatman CF 2nd, et al., J Exp Med, 192(8):1093-1103 (2000);Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary immune cells that may be used according to these assays include mast cells such as the HMC human mast cell line.	
518	HSSJC35	1466	IL-2 in Human T-cell 2B9		
519	HSTBJ86	1467	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in	

				the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
	HSTBJ86	1467	CD152 in Human T		

519			cells		
520	HSUBW09	1468	Regulation of transcription through the FAS promoter element in hepatocytes	Assays for the regulation of transcription through the FAS promoter element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the FAS promoter element in a reporter construct and to regulate transcription of FAS, a key enzyme for lipogenesis. FAS promoter is regulated by many transcription factors including SREBP. Insulin increases FAS gene transcription in livers of diabetic mice. This stimulation of transcription is also somewhat glucose dependent. Exemplary assays that may be used or routinely modified to test for FAS promoter element activity (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders"

				Xiong, S., et al., Proc Natl Acad Sci U.S.A., 97(8):3948-53 (2000); Roder, K., et al., Eur J Biochem, 260(3):743-51 (1999); Oskouian B, et al., Biochem J, 317 (Pt 1):257-65 (1996); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
520	HSUBW09	1468	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See	

				Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
520	HSUBW09	1468	CD152 in Human T cells		
521	HSVAM10	1469	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related

				variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-	Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under "Infectious Disease"). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described

				204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
522	HSVAT68	1470	IL-4 in HMC		
522	HSVAT68	1470	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma,

				GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	
522	HSVAT68	1470	IFNg in Human T-cell 2B9		
522	HSVAT68	1470	SEAP in Jurkat/IL4 promoter		
523	HSVBU91	1471	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel

				adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™)	blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications

				and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	associated with insulin resistance.
523	HSVBU91	1471	Activation of Hepatocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting

				test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat liver hepatoma cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat liver hepatoma cells that may be used according to these assays include H4lle cells, which are known to respond to glucocorticoids, insulin, or cAMP derivatives.	hepatocyte cell differentiation. A highly preferred embodiment of the invention includes a method for activating hepatocyte cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating hepatocyte cells. Highly preferred indications include disorders of the liver and/or endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"),

					and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

					described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies,

					muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hepatitis, jaundice, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic disease, dyslipidemia and chlolesterol metabolism. Additional highly preferred indications include neoplasms and cancers, such as, hepatocarcinomas, other liver cancers, and colon and pancreatic cancer. Preferred indications also include prostate, breast, lung, esophageal, stomach, brain, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
523	HSVBU91	1471	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or	A highly preferred indication is diabetes mellitus. An additional highly preferred

				routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J	indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below),

				Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc.	neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.

				Natl. Acad. Sci. USA 78: 4339-4343, 1981.	
523	HSVBU91	1471	TNFa in Human T-cell 293T		
523	HSVBU91	1471	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred

				Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. An additional highly preferred indication includes infection (e.g., AIDS, and/or as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal

					cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g., T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication is infection (e.g., tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under

					"Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
524	HSXCG83	1472	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases.	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include

				Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and	blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma,

				agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
525	HSXEQ06	1473	IL-2 in Human T cells		
526	HSXGI47	1474	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage

				adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are	(e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture).

				publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Additional highly preferred indications are complications associated with insulin resistance.
526	HSXGI47	1474	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability	

				Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
526	HSXGI47	1474	Activation of Skeletal Mucle Cell PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 kinase assay, for PI3 kinase signal transduction that regulate glucose metabolism and cell survivial are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A highly preferred embodiment of the invention includes a method for increasing muscle cell survival An alternative highly preferred embodiment of the invention includes a method for decreasing muscle cell survival. A preferred embodiment of the invention includes a method for stimulating muscle cell

				promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and	proliferation. In a specific embodiment, skeletal muscle cell proliferation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell proliferation. In a specific embodiment, skeletal muscle cell proliferation is inhibited. A preferred embodiment of the invention includes a method for stimulating muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is stimulated. An alternative highly preferred embodiment of the invention includes a method for inhibiting muscle cell differentiation. In a specific embodiment, skeletal muscle cell differentiation is inhibited. Highly preferred indications include disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), endocrine

				striated fibers after culture in differentiation media.	disorders (e.g., as described below under "Endocrine Disorders"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), blood disorders (e.g., as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), and infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy),

					blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infections (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred

					indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal system including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Preferred indications also include breast,

					lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
527	HSYAV50	1475	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke,

				binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely	impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin

				generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	resistance.
527	HSYAV50	1475	CXCR4 in HT1080		
527	HSYAV50	1475	IgG in Human B cells		
527	HSYAV50	1475	IFNg in Human T-cell 293T		
527	HSYAV50	1475	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described

				expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line,	below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and

				which is a human natural killer cell line with cytolytic and cytotoxic activity.	cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
527	HSYAV50	1475	SEAP in OE-21		
527	HSYAV50	1475	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis.

					Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
528	HSYAV66	1476	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as

				and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma,

				invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
529	HSYAZ50	1477	SEAP in HIB/CRE		
529	HSYAZ50	1477	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the	

				presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
529	HSYAZ50	1477	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred

				response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
529	HSYAZ50	1477	SEAP in SW480		
530	HSYAZ63	1478	Activation of Adipocyte PI3 Kinase Signalling Pathway	Kinase assay. Kinase assays, for example an GSK-3 assays, for PI3 kinase signal transduction that regulate glucose metabolism and cell survival are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit glucose metabolism and cell survival. Exemplary assays for PI3 kinase activity that may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for increasing adipocyte survival An alternative highly preferred embodiment of the invention includes a method for decreasing adipocyte survival. A preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A preferred embodiment of the

				test PI3 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Nikoulina et al., Diabetes 49(2):263-271 (2000); and Schreyer et al., Diabetes 48(8):1662-1666 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"), blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and

					infection (e.g., as described below under “Infectious Disease”). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g, due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

					described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies,

					muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Highly preferred indications include neoplasms and cancer, such as, lipoma, liposarcoma, lymphoma, leukemia and breast, colon, and kidney cancer. Additional highly preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
530	HSYAZ63	1478	Hexosaminidase in RBL-2H3		
530	HSYAZ63	1478	Activation of transcription through GAS	Assays for the activation of transcription through the Gamma Interferon Activation	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

			response element in immune cells (such as T-cells).	Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the	and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional

				contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
531	HSYBG37	1479	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a

				Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under

					"Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders"

					section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include,

					hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
531	HSYBG37	1479	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in	and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999	

				Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
532	HSZAF47	1480	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below),

				test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the	immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase	

				phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
533	HT3SF53	1481	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

				agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety.	sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and

				Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
534	HT5GJ57	1482	Activation of transcription through AP1	Assays for the activation of transcription through the AP1 response element are known in	Preferred indications include neoplastic diseases (e.g., as described below under

			response element in immune cells (such as T-cells).	the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by	"Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast,

				reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
534	HT5GJ57	1482	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention

				and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb	includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple

				45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

534	HT5GJ57	1482	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
534	HT5GJ57	1482	IgG in Human B cells SAC		
534	HT5GJ57	1482	IL-10 in Human T-cell 2B9		
534	HT5GJ57	1482	TNFa in Human T-cell 2B9		
534	HT5GJ57	1482	Caspase (+paclitaxel) in SW480		

535	HTADW91	1483	Activation of Hepatocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of	A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell differentiation. A highly preferred embodiment of the invention includes a method for activating hepatocyte cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating hepatocyte cells. Highly preferred indications include disorders of the liver and/or endocrine disorders (e.g., as described

				each of which are herein incorporated by reference in its entirety. Rat liver hepatoma cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat liver hepatoma cells that may be used according to these assays include H4lle cells, which are known to respond to glucocorticoids, insulin, or cAMP derivatives.	below under "Endocrine Disorders"). Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

					Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the

					urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hepatitis, jaundice, gallstones, cirrhosis of the liver, degenerative or necrotic liver disease, alcoholic liver diseases, fibrosis, liver regeneration, metabolic disease, dyslipidemia and chlolesterol metabolism. Additional highly preferred indications include neoplasms

					and cancers, such as, hepatocarcinomas, other liver cancers, and colon and pancreatic cancer. Preferred indications also include prostate, breast, lung, esophageal, stomach, brain, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
536	HTADX17	1484	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune

				NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these	response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

				assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
536	HTADX17	1484	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

				element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant

					osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
536	HTADX17	1484	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available	"Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				(e.g., through the ~~ATCC~~ATCC™).	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
536	HTADX17	1484	IL-8 in Normal Human Bronchial Epitheliae		
537	HTAEE28	1485	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method

				antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line	for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for

				blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or

					as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma,

					angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly

					preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described

					below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain management.
537	HTAEE28	1485	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

				anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be	Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the

				used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
538	HTDAF28	1486	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment

				may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety.	of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under

				Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

					Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the

					urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred

					indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
538	HTDAF28	1486	CD152 in Human T cells		
538	HTDAF28	1486	CD69 in Human T cells		
538	HTDAF28	1486	HLA-DR in Human T cells		
539	HTEAF65	1487	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g.,	"Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
540	HTEBI28	1488	CD71 in Human T cells		
540	HTEBI28	1488	Production of IL-5	IL-5 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells, mast cells, basophils, and eosinophils that stimulate eosinophil function and B cell Ig production and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-5 production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-5 production. A highly preferred

				routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cell function, modulate B cell Ig production, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-5, and the stimulation of eosinophil function and B cell Ig production. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	embodiment of the invention includes a method for stimulating (e.g., increasing) immunoglobulin production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) immunoglobulin production. A highly preferred indication includes allergy. A highly preferred indication includes asthma. A highly preferred indication includes rhinitis. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				(2000); Ohshima et al., Blood 92(9):3338-3345 (1998); Jung et al., Eur J Immunol 25(8):2413-2416 (1995); Mori et al., J Allergy Clin Immunol 106(1 Pt 2):558-564 (2000); and Koning et al., Cytokine 9(6):427-436 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

					sepsis, neutropenia, neutrophilia, psoriasis, immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
541	HTEDF80	1489	CD152 in Human T cells		
542	HTEDY42	1490	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
542	HTEDY42	1490	Upregulation of CD154 and activation of T cells	CD154 FMAT. CD154 (a.k.a., CD40L) expression is induced following activation of T cells. Interraction between CD154 and CD40 on B cells is required for correct antibody class switching and germinal center formation. Mutations in CD154 are linked to immunodeficiencies and increased susceptibility to infections. Assays for immunomodulatory proteins important for antibody class switching and TH1 function and expressed on activated T helper lymphocytes are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				(including antibodies and agonists or antagonists of the invention) to modulate the activation of T cells, modulate antibody class switching, mediate TH1 function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the upregulation of cell surface markers, such as CD154, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include, for example, the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Mackey et al., J Leukoc Biol 63(4):418:428 (1998); and Skov et al., 164(7):3500-3505 (2000), the contents of each of which are	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., AIDS). Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

				herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, inflammation and inflammatory disorders, and asthma and allergy.
543	HTEFU65	1491	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
543	HTEFU65	1491	Regulation of transcription of Malic Enzyme in hepatocytes	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure,

				the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements MEp and MEd identified as putative PPAR response elements. ME promoter may also responds to AP1 and other transcription factors. Exemplary assays that may be used or routinely modified to test for regulation of transcription of Malic Enzyme (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Streeper, R.S., et al., Mol Endocrinol, 12(11):1778-91 (1998); Garcia-Jimenez, C., et al., Mol Endocrinol, 8(10):1361-9 (1994); Barroso, I., et al., J Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem,	nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and

				272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the mouse 3T3-L1 cell line. 3T3-L1 is a mouse preadipocyte cell line (adherent). It is a continuous substrain of 3T3 fibroblasts developed through clonal isolation. Cells undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation culture conditions.	disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
543	HTEFU65	1491	Myoblast cell proliferation	Assays for muscle cell proliferation are well known in the art and may be used or routinely modified to assess	Highly preferred indications include diabetes, myopathy, muscle cell atrophy, cancers of muscle (such as,

				the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit myoblast cell proliferation. Exemplary assays for myoblast cell proliferation that may be used or routinely modified to test activity of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) include, for example, assays disclosed in: Soeta, C., et al. "Possible role for the c-ski gene in the proliferation of myogenic cells in regenerating skeletal muscles of rats" Dev Growth Differ Apr;43(2):155-64 (2001); Ewton DZ, et al., "IGF binding proteins-4, -5 and -6 may play specialized roles during L6 myoblast proliferation and differentiation" J Endocrinol Mar;144(3):539-53 (1995); and, Pampusch MS, et al.,"Effect of transforming growth factor beta on proliferation of L6 and	rhabdomyoma, and rhabdosarcoma), cardiovascular disorders (such as congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, vascular disease, and also as described below under "Cardiovascular Disorders"), stimulating myoblast proliferation, and inhibiting myoblast proliferation.

				embryonic porcine myogenic cells" J Cell Physiol Jun;143(3):524-8 (1990); the contents of each of which are herein incorporated by reference in their entirety. Exemplary myoblast cells that may be used according to these assays include the rat myoblast L6 cell line. Rat myoblast L6 cells are an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuse to form multinucleated myotubes and striated fibers after culture in differentiation media.	
543	HTEFU65	1491	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a	

				human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
543	HTEFU65	1491	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly

				immunomodulation, regulate inflammatory activities, modulate TH2 helper cell function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford)	preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

				38(3):214-20 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
543	HTEFU65	1491	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease

				antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection

				incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
544	HTEGA76	1492	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment

				and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the	of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension,

				~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic

					neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with

					obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer.

					Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
544	HTEGA76	1492	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred

				invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular

					dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications

					include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and

					lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions.

					Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
545	HTEGI42	1493	Activation of transcription through NFAT response in immune	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-"

			cells (such as T-cells).	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999);	Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

				Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
546	HTEHR24	1494	CD152 in Human T cells		
546	HTEHR24	1494	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins	A highly preferred embodiment of the invention

				secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays	includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include

				disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
547	HTEHU93	1495	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are	immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
547	HTEHU93	1495	Hexosaminidase in RBL-2H3		
547	HTEHU93	1495	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T

				invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro	cell-mediated immune response.

				culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
548	HTEIP36	1496	Insulin Inhibition in H4IIE		
548	HTEIP36	1496	IFNg in Human T-cell 293T		
548	HTEIP36	1496	TNFa in Human T-cell 293T		
548	HTEIP36	1496	IL-10 in Human T-cell 2B9		
548	HTEIP36	1496	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g.,

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
548	HTEIP36	1496	Hexosaminidase in RBL-2H3		
548	HTEIP36	1496	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral	

				blood lymphocytes isolated from cord blood.	
549	HTEIV80	1497	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred

				al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.

550	HTEJN13	1498	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under

				410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	"Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g.,

					diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and

					blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or

					disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
550	HTEJN13	1498	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured	

				after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
551	HTELM16	1499	Production of MIP1alpha	MIP-1alpha FMAT. Assays for immunomodulatory proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate chemotaxis, and modulate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemokines, such as macrophage inflammatory protein 1 alpha (MIP-1a), and	A highly preferred embodiment of the invention includes a method for stimulating MIP1a production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MIP1a production. A highly preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”). Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); Drakes et al., Transp Immunol 8(1):17-29 (2000); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art.	systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma, and allergy. Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
551	HTELM16	1499	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science.	

				209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
551	HTELM16	1499	TNFa in Human T-cell 2B9		
551	HTELM16	1499	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
552	HTEPG70	1500	SEAP in 293/ISRE		
552	HTEPG70	1500	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain.

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia,

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
	HTEPG70	1500	Activation of	Assays for the activation of	A highly preferred indication

552			transcription through serum response element in pre-adipocytes.	transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by	is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease,

				reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below). Additional highly preferred indications are complications associated with insulin resistance.
552	HTEPG70	1500	SEAP in HIB/CRE		
552	HTEPG70	1500	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also

				element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924	include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under “Hyperproliferative Disorders”). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				(1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
552	HTEPG70	1500	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also

				Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali	include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia,

				et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
552	HTEPG70	1500	Activation of transcription through NFKB response element in immune cells (such as basophils).	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Marone et al, Int Arch Allergy Immunol 114(3):207-17 (1997), the contents of each of which are herein incorporated by reference in its entirety. Basophils that may be used	inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancer, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary tract cancers and as described below under "Hyperproliferative

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human basophil cell lines that may be used according to these assays include Ku812, originally established from a patient with chronic myelogenous leukemia. It is an immature prebasophilic cell line that can be induced to differentiate into mature basophils.	Disorders".
552	HTEPG70	1500	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases

				that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	(e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic,

					esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

552	HTEPG70	1500	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al.,	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such

				29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
	HTGAU75	1501	CD71 in Human T		

553			cells		
554	HTGEP89	1502	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
555	HTHBG43	1503	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described

				expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line,	below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and

				which is a human natural killer cell line with cytolytic and cytotoxic activity.	cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease,

					cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
555	HTHBG43	1503	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
556	HTHCA18	1504	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders",

				(including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g.,	and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign

				through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.

557	HTHDJ94	1505	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., as described below under “Infectious Disease”). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-

				immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are	mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
558	HTHDS25	1506	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha

				antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell	production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative

				line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues,

					hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
558	HTHDS25	1506	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	

558	HTHDS25	1506	IFNg in Human T-cell 2B9		
559	HTJMA95	1507	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma,

				may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a	cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.

				continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	
559	HTJMA95	1507	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as

				Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role	described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
559	HTJMA95	1507	Inhibition of squalene synthetase	Reporter Assay: construct contains regulatory and coding	

			gene transcription.	sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
559	HTJMA95	1507	IgG in Human B cells		
559	HTJMA95	1507	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists of the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related

				invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that	Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
559	HTJMA95	1507	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred

				response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4	embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal

				responsive T cells.	cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly

					preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
559	HTJMA95	1507	Activation of transcription through NFAT response element in	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-

			immune cells (such as T-cells).	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999);	Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

				Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
559	HTJMA95	1507	Activation of transcription through NFKB response element in	Assays for the activation of transcription through the NFKB response element are well-known in the art and may	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications

			immune cells (such as T-cells).	be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T	include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic,

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
559	HTJMA95	1507	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10	(e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
560	HTJML75	1508	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under

				considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical	"Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients), and/or as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under "Hyperproliferative

				approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple

					myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
561	HTLAA40	1509	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as

				assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells	described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia,

				that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
563	HTLEP53	1511	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An

				agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular

					regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders.

					Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms,

					restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis

					and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
563	HTLEP53	1511	Activation of transcription through serum	Assays for the activation of transcription through the Serum Response Element	A preferred embodiment of the invention includes a method for inhibiting (e.g.,

			response element in immune cells (such as T-cells).	(SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used	reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
563	HTLEP53	1511	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel

				proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9 (2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4 (1998); Olson, L.K., et al., J Biol Chem, 271(28):16544-52 (1996); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary	blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or

				pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
563	HTLEP53	1511	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g.,

				art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell,	as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease,

				Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
563	HTLEP53	1511	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT)	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g.,

				response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol	as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease,

				165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
563	HTLEP53	1511	SEAP in Jurkat/IL4 promoter (antiCD3 co-stim)		
564	HTLFE42	1512	Activation of transcription through STAT6 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may	A highly preferred indication is allergy. Another highly preferred indication is asthma. Additional highly preferred indications include

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur J Immunol 27(8):1982-1987 (1997); and Masuda et al., J	inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign

				Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
564	HTLFE42	1512	SEAP in SW480		
565	HTLFE57	1513	SEAP in Alk Phos C2C12		
	HTLFE57	1513	Production of	Assays for measuring	Preferred embodiments of the

565			ICAM-1	expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke
566	HTLGE31	1514	Activation of transcription	Assays for the activation of transcription through the	A preferred embodiment of the invention includes a

			through serum response element in immune cells (such as T-cells).	Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T	method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid

				cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,

					arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
567	HTLHY14	1515	MIP-1a in HMC		
567	HTLHY14	1515	Calcium flux in immune cells (such as monocytes)	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Infection, Inflammation, Atherosclerosis, Hypersensitivity, and Leukemias

				can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux in immune cells (such as monocytes) include assays disclosed in: Chan, CC, et al., J Pharmacol Exp Ther, 269(3):891-896 (1994); Andersson, K, et al., Cytokine, 12(12):1784-1787 (2000); Scully, SP, et al., J Clin Invest, 74(2) 589-599 (1984); and, Sullivan, E, et al., Methods Mol Biol, 114:125-133 (1999), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the THP-1 monocyte cell line.	
	HTLIT32	1516	Production of IL-4	IL-4 FMAT. Assays for	A highly preferred

568				immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

				invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to	preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis,

				immunomodulatory factors.	suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
569	HTLIV19	1517	SEAP in HIB/CRE		
569	HTLIV19	1517	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly

				may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Aramburu et al., J Exp Med 182(3):801-810 (1995); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. NK cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human NK cells that may be used according to these assays include the NK-	preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
569	HTLIV19	1517	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases

				that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	(e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic,

					esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

569	HTLIV19	1517	SEAP in NK16/STAT6		
570	HTNBO91	1518	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

				that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	
571	HTOAK16	1519	IL-13 in Human T cells		
571	HTOAK16	1519	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic,

				expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
571	HTOAK16	1519	Production of IL-8 by by endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred

				regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Endothelial cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	indications also includie autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and consequent complications (such as acute respiratory distress syndrome and systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
	HTOAK16	1519	MCP-1 in HUVEC		

571					
571	HTOAK16	1519	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

				upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	example, hyperplasia, metaplasia, and/or dysplasia.
572	HTODK73	1520	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel

					disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
573	HTODO72	1521	CD152 in Human T cells		
574	HTOGR42	1522	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis,

				antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other

					preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
574	HTOGR42	1522	IL-10 in Human T-cell 293T		

574	HTOGR42	1522	IL-10 in Human T-cell 2B9		
574	HTOGR42	1522	Activation of Endothelial Cell JNK Signaling Pathway.	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a

				Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	method for stimulating endothelial cell activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention include a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension,

					aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors,

					leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s

					disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular

					degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
	HTOGR42	1522	Activation of	Kinase assay. Kinase assays,	A highly preferred

574			Natural Killer Cell ERK Signaling Pathway.	for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein	embodiment of the invention includes a method for stimulating natural killer cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating natural killer cell differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting natural killer cell differentiation. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity") and infections (e.g., as described below under "Infectious

				incorporated by reference in its entirety. Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary natural killer cells that may be used according to these assays include the human natural killer cell lines (for example, NK-YT cells which have cytolytic and cytotoxic activity) or primary NK cells.	Disease"). Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include cancers such as, kidney, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, urinary cancer, lymphoma and leukemias. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

					Other highly preferred indications include, pancytopenia, leukopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), arthritis, asthma, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, immune reactions to transplanted organs and tissues, endocarditis, meningitis, Lyme Disease, and allergies.
574	HTOGR42	1522	VEGF in SW480		
575	HTOHM15	1523	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below),

				test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the	immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase	

				phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
576	HTOHT18	1524	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated

				368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

					metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
576	HTOHT18	1524	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention

				and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160	includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,

				(2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
577	HTOIY21	1525	Activation of Skeletal Muscle Cell ERK Signalling Pathway	Kinase assay. Kinase assays, for examplek Elk-1 kinase assays, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders") and disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under “Hyperproliferative Disorders”), blood disorders (e.g., as described below under “Immune Activity”, “Cardiovascular Disorders”, and/or “Blood-Related Disorders”), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"),

				the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as

					described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies,

					muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Highly preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
578	HTOIZ02	1526	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000); Nor et al., J Vasc Res 37(3): 209-218 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g.,	preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment

				through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system (e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic

					disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as,

					prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and

					atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g.,

					rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.
578	HTOIZ02	1526	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or

				expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-	"Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative

				204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

					An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
579	HTOJA73	1527	Production of IFNgamma using a T cells	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits IgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, regulate inflammatory activities, modulate TH2 helper cell	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or as described below under “Infectious Disease”). Highly preferred indications include autoimmune disease (e.g., rheumatoid arthritis, systemic

				function, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as Interferon gamma (IFNg), and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):225-233 (1995); Billiau et al., Ann NY Acad Sci 856:22-32 (1998); Boehm et al., Annu Rev Immunol 15:749-795 (1997), and Rheumatology (Oxford) 38(3):214-20 (1999), the contents of each of which are herein incorporated by	lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiency (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. Additional preferred indications include idiopathic pulmonary fibrosis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T Cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
580	HTOJK60	1528	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred

				regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2	indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally,

				dependent suspension culture of T cells with cytotoxic activity.	highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation,

					diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under “Infectious Disease”).
581	HTPBW79	1529	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred

				Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes

				Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	mellitus, endocarditis, meningitis, and Lyme Disease.
581	HTPBW79	1529	IL-10 in Human T-cell 2B9		
581	HTPBW79	1529	ICAM in OE19		
581	HTPBW79	1529	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple

				invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is an IL-2 and IL-4 responsive suspension-culture cell line.	sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis,suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
581	HTPBW79	1529	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing)

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g.,

					metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described

					below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
581	HTPBW79	1529	Activation of transcription through NFAT response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and	Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below),

				modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used	immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
581	HTPBW79	1529	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,

				immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension	systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				culture of IL-2 and IL-4 responsive T cells.	Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
582	HTSEW17	1530	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve

				pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may	disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and

				be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
582	HTSEW17	1530	Activation of transcription through NFKB response element in immune cells (such as B-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Autoimmunity, Allergy and Asthma

				may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gri G, et al., Biol Chem, 273(11):6431-6438 (1998); Pyatt DW, et al., Cell Biol Toxicol 2000;16(1):41-51 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary immune cells that may be used according to these	

				assays include the Reh B-cell line.	
583	HTTDB46	1531	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate,

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-	breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

				mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
583	HTTDB46	1531	IL-6 in HUVEC		
583	HTTDB46	1531	Activation of transcription through NFKB response element in immune cells (such as B-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Autoimmunity, Allergy and Asthma

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Gri G, et al., Biol Chem, 273(11):6431-6438 (1998); Pyatt DW, et al., Cell Biol Toxicol 2000;16(1):41-51 (2000); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Immune cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary immune cells that	

				may be used according to these assays include the Reh B-cell line.	
584	HTWCT03	1532	Regulation of viability or proliferation of immune cells (such as human eosinophil EOL-1 cells).	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of eosinophil cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an

				response of late stage allergic reaction. Eosinophil cell lines that may be used according to these assays are publicly available and/or may be routinely generated. Exemplary eosinophil cells that may be used according to these assays include EOL-1 Cells.	eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
584	HTWCT03	1532	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple

				cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using	sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative

				techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
584	HTWCT03	1532	Production of IL-8 by immune cells (such as the human EOL-1 eosinophil	Assay that measures the production of the chemokine interleukin-8 (IL-8) from immune cells (such as the	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and

			cells)	EOL-1 human eosinophil cell line) are well known in the art (for example, measurement of IL-8 production by FMAT) and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit. Eosinophils are a type of immune cell important in allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. IL8 is a strong immunomodulator and may have a potential proinflammatory role in immunological diseases and disorders (such as allergy and asthma).	inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
584	HTWCT03	1532	MCP-1 in Eol-1		
	HTWCT03	1532	Activation of	This reporter assay measures	Highly preferred indications

584			transcription through GATA-3 response element in immune cells (such as mast cells).	activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
	HTWCT03	1532	Activation of	This reporter assay measures	Highly preferred indications

584			transcription through NFAT response element in immune cells (such as mast cells).	activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the	include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative

				invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
584	HTWCT03	1532	Production of ICAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Endothelial cells, which are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used in ICAM production assays include human umbilical vein endothelial cells (HUVEC), and are available from commercial sources. The expression of ICAM (CD54),a intergral membrane protein, can be upregulated by cytokines or other factors, and ICAM expression is important in mediating immune and endothelial cell interactions leading to immune and inflammatory responses. Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders", "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

				agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its entirety.	example, hyperplasia, metaplasia, and/or dysplasia.
584	HTWCT03	1532	IL-6 in HUVEC		
584	HTWCT03	1532	MCP-1 in HUVEC		
584	HTWCT03	1532	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or	

				antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety.	

				Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	
584	HTWCT03	1532	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under "Immune Activity", "Blood-Related Disorders",

				vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	"Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
584	HTWCT03	1532	ICAM in OE19		
584	HTWCT03	1532	Caspase (+paclitaxel) in SW480		
585	HTWDF76	1533	Activation of transcription	Assays for the activation of transcription through the AP1	Preferred indications include neoplastic diseases

			through AP1 response element in immune cells (such as T-cells).	response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are	(e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia,

				herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
585	HTWDF76	1533	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are	includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. An additional highly preferred indication includes infection (e.g., AIDS, and/or as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g., T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

					conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication is infection (e.g., tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or an infectious disease as described below under “Infectious Disease”). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin’s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt’s lymphoma,

					arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
585	HTWDF76	1533	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

					conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
586	HTXAJ12	1534	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative

				are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by	highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as

				reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as

					described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section

					below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney

					cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
586	HTXAJ12	1534	IL-10 in Human T-cell 293T		
586	HTXAJ12	1534	ICAM in OE19		
587	HTXCV12	1535	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related

				for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma,

					melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An

					additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
587	HTXCV12	1535	IFNg in Human T-cell 293T		
587	HTXCV12	1535	Production of RANTES in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	RANTES FMAT. Assays for immunomodulatory proteins that induce chemotaxis of T cells, monocytes, and eosinophils are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as RANTES, and the induction of chemotactic responses in immune cells. Such assays that may be used or routinely modified to test immunomodulatory activity of	

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995); and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone,	

				and immune cell extravasation.	
587	HTXCV12	1535	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms

				(1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
	HTXCV12	1535	Caspase		

587			(+camptothecin) in SW480		
588	HTXDW56	1536	Activation of transcription through NFAT response in immune cells (such as T-cells).	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease"). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Serfling et al., Biochim Biophys Acta 1498(1):1-18 (2000); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Fraser et al., Eur J Immunol 29(3):838-844 (1999); and Yeseen et al., J Biol Chem 268(19):14285-14293 (1993), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,

					meningitis, Lyme Disease, asthma and allergy.
588	HTXDW56	1536	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies

				85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4 cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis,

					AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
588	HTXDW56	1536	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
588	HTXDW56	1536	Activation of transcription through NFKB response element in neuronal cells (such as SKNMC cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of neuronal genes. Exemplary assays for transcription through the NFKB response element that may be used or routinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Neurological Diseases and Disorders (e.g. Alzheimer"s Disease, Parkinson"s Disease, Brain Cancer, Seizures).

				disclosed in: Gill JS, et al., Neurobiol Dis, 7(4):448-461 (2000); Tamatani M, et al., J Biol Chem, 274(13):8531-8538 (1999); Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Neuronal cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary neuronal cells that may be used according to these assays include the SKNMC neuronal cell line.	
588	HTXDW56	1536	Activation of transcription through GAS response element in	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below

			immune cells (such as T-cells).	are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are	under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include

				herein incorporated by reference in its entirety. Exemplary human T cells, such as the SUPT cell line, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted

					organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
589	HTXFL30	1537	Production of TNF alpha by dendritic cells	TNFa FMAT. Assays for immunomodulatory proteins produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such	A highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and

				assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which,	suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include

				when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
589	HTXFL30	1537	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein	

				incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
589	HTXFL30	1537	Regulation of proliferation and/or differentiation in immune cells (such as mast cells).	Kinase assays, for example an Elk-1 kinase assay for ERK signal transduction that regulates cell proliferation or differentiation, are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of asthma, allergy, hypersensitivity and inflammation.

				polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in: Ali H, et al., J Immunol, 165(12):7215-7223 (2000); Tam SY, et al., Blood, 90(5):1807-1820 (1997); Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Berra et al., Biochem Pharmacol 60(8):1171-1178 (2000); Gupta et al., Exp Cell Res 247(2):495-504 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary immune cells that may be used according to these assays include human mast cells such as the HMC-1 cell line.	
589	HTXFL30	1537	Caspase (+camptothecin) in SW480		
590	HTXKF95	1538	Activation of Skeletal Muscle	Kinase assay. Kinase assays, for examplek Elk-1 kinase	Highly preferred indications include endocrine disorders

			Cell ERK Signalling Pathway	assays, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol	(e.g., as described below under "Endocrine Disorders") and disorders of the musculoskeletal system. Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other

				Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Rat myoblast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary rat myoblast cells that may be used according to these assays include L6 cells. L6 is an adherent rat myoblast cell line, isolated from primary cultures of rat thigh muscle, that fuses to form multinucleated myotubes and striated fibers after culture in differentiation media.	diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the

					"Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance. Additonal highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include: myopathy, atrophy, congestive heart failure, cachexia, myxomas, fibromas, congenital cardiovascular abnormalities, heart disease, cardiac arrest, heart valve disease, and vascular disease. Highly preferred indications include

					neoplasms and cancer, such as, rhabdomyoma, rhabdosarcoma, stomach, esophageal, prostate, and urinary cancer. Highly preferred indications also include breast, lung, colon, pancreatic, brain, and liver cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, hyperplasia, metaplasia, and/or dysplasia.
591	HTXKP61	1539	IgG in Human B cells SAC		
591	HTXKP61	1539	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and

				NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under "Infectious Disease"). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
592	HUDBZ89	1540	Activation of transcription through cAMP response element (CRE) in pre-adipocytes.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to increase cAMP, regulate CREB transcription factors, and modulate expression of genes involved in a wide variety of cell functions. For example, a 3T3-L1/CRE reporter assay may be used to identify factors	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

				that activate the cAMP signaling pathway. CREB plays a major role in adipogenesis, and is involved in differentiation into adipocytes. CRE contains the binding sequence for the transcription factor CREB (CRE binding protein). Exemplary assays for transcription through the cAMP response element that may be used or routinely modified to test cAMP-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Reusch et al., Mol Cell Biol 20(3):1008-1020 (2000); and Klemm et al., J Biol Chem 273:917-923 (1998), the contents of each of which are herein incorporated by	Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the

				reference in its entirety. Pre-adipocytes that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). Additional highly preferred indications are complications associated with insulin resistance.
592	HUDBZ89	1540	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and	

				SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
592	HUDBZ89	1540	Production of GM-CSF	GM-CSF FMAT. GM-CSF is expressed by activated T cells, macrophages, endothelial cells, and fibroblasts. GM-CSF regulates differentiation and proliferation of granulocytes-macrophage progenitors and enhances antimicrobial activity in neutrophils, monocytes and macrophage. Additionally, GM-CSF plays an important role in the differentiation of dendritic cells and monocytes, and increases antigen presentation. GM-CSF is considered to be a proinflammatory cytokine. Assays for immunomodulatory proteins that promote the production of GM-CSF are well known in the art and may	A highly preferred embodiment of the invention includes a method for stimulating the production of GM-CSF. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of GM-CSF. Highly preferred indications include inflammation and inflammatory disorders. An additional highly preferred indication is infection (e.g., as described below under "Infectious Disease". Highly preferred indications include blood disorders (e.g., neutropenia (and the prevention of neutropenia (e.g., in HIV infected patients),

				be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and modulate the growth and differentiation of leukocytes. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as GM-CSF, and the activation of T cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Ye et al., J Leukoc Biol (58(2):225-233, the contents of each of which are herein incorporated by reference in its entirety.	and/or as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include asthma. Highly preferred indications include neoplastic diseases (e.g., leukemia (e.g., acute lymphoblastic leukemia, and acute myelogenous leukemia), lymphoma (e.g., non-Hodgkin"s lymphoma and Hodgkin"s disease), and/or as described below under “Hyperproliferative Disorders”). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal,

				Natural killer cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) or may be isolated using techniques disclosed herein or otherwise known in the art. Natural killer (NK) cells are large granular lymphocytes that have cytotoxic activity but do bind antigen. NK cells show antibody-independent killing of tumor cells and also recognize antibody bound on target cells, via NK Fc receptors, leading to cell-mediated cytotoxicity.	stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications include: suppression of immune reactions to transplanted organs and tissues (e.g., bone marrow transplant); accelerating myeloid recovery; and mobilizing hematopoietic progenitor cells. Preferred indications include boosting a T cell-mediated immune response, and alternatively, suppressing a T cell-mediated immune response. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes

					mellitus, endocarditis, meningitis, Lyme Disease, and allergy.
593	HUFBY15	1541	SEAP in 293/ISRE		
593	HUFBY15	1541	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic

				Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis,

					meningitis, and Lyme Disease.
594	HUFEF62	1542	CD152 in Human T cells		
595	HUKAH51	1543	SEAP in 293/ISRE		
595	HUKAH51	1543	Protection from Endothelial Cell Apoptosis.	Caspase Apoptosis Rescue. Assays for caspase apoptosis rescue are well known in the art and may be used or routinely modified to assess the ability of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to inhibit caspase protease-mediated apoptosis. Exemplary assays for caspase apoptosis that may be used or routinely modified to test caspase apoptosis rescue of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Romeo et al., Cardiovasc Res 45(3): 788-794 (2000); Messmer et al., Br J Pharmacol 127(7): 1633-1640 (1999); and J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred

				are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through commercial sources). Exemplary endothelial cells that may be used according to these assays include bovine aortic endothelial cells (bAEC), which are an example of endothelial cells which line blood vessels and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation.	embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing) apoptosis of endothelial cells. A highly preferred embodiment of the invention includes a method for stimulating angiogenisis. An alternative highly preferred embodiment of the invention includes a method for inhibiting angiogenesis. A highly preferred embodiment of the invention includes a method for reducing cardiac hypertrophy. An alternative highly preferred embodiment of the invention includes a method for inducing cardiac hypertrophy. Highly preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), and disorders of the cardiovascular system

					(e.g., heart disease, congestive heart failure, hypertension, aortic stenosis, cardiomyopathy, valvular regurgitation, left ventricular dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy, intracardiac shunt, cardiac hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or as described below under "Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications

					include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma, haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis, hypertension, coronary artery

					disease, inflammatory vasculitides, Reynaud"s disease and Reynaud"s phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph

					angiogenesis, sexual disorders, age-related macular degeneration, and treatment /prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn’s disease), and pain

					management.
595	HUKAH51	1543	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an

				Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils"	eosinophil-mediated immune response.

				Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and, Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
595	HUKAH51	1543	SEAP in HepG2/Squale-synthetase(stimulation)		
595	HUKAH51	1543	IL-2 in Human T-cell 293T		
596	HUKBT29	1544	Production of TNF alpha by dendritic	TNFa FMAT. Assays for immunomodulatory proteins	A highly preferred embodiment of the invention

			cells	produced by activated macrophages, T cells, fibroblasts, smooth muscle, and other cell types that exert a wide variety of inflammatory and cytotoxic effects on a variety of cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, modulate inflammation and cytotoxicity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines such as tumor necrosis factor alpha (TNFa), and the induction or inhibition of an inflammatory or cytotoxic response. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	includes a method for inhibiting (e.g., decreasing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid

				disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Verhasselt et al., Eur J Immunol 28(11):3886-3890 (1198); Dahlen et al., J Immunol 160(7):3585-3593 (1998); Verhasselt et al., J Immunol 158:2919-2925 (1997); and Nardelli et al., J Leukoc Biol 65:822-828 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous

					disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
596	HUKBT29	1544	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include

				immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells. Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are	inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
596	HUKBT29	1544	IFNg in Human T-cell 2B9		
596	HUKBT29	1544	Production of IL-10 and activation of T-	Assays for production of IL-10 and activation of T-cells are	Highly preferred indications include allergy and asthma.

			cells.	well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety.	Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	
597	HUSIG64	1545	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under

				AP1 response element that may be used or routinely modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Rellahan et al., J Biol Chem 272(49):30806-30811 (1997); Chang et al., Mol Cell Biol 18(9):4986-4993 (1998); and Fraser et al., Eur J Immunol 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the HT2 cell line, which is an IL-2	"Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.

				dependent suspension culture cell line that also responds to IL-4.	Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
598	HUSXS50	1546	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis. Exemplary assays for JNK and p38 kinase activity that may be	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic

				used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture cell line with cytotoxic activity.	lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS, allergy, anemia, pancytopenia, leukopenia, thrombocytopenia,

					Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
598	HUSXS50	1546	Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under “Immune Activity”, and “Blood-Related Disorders”). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and

				(including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of	immunodeficiencies (e.g., as described below).

				eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
598	HUSXS50	1546	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (~~ATCC~~ATCC™ HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
	HUSXS50	1546	Calcium flux in	Assays for measuring calcium	Preferred embodiments of the

598			immune cells (such as monocytes)	flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium responsive signaling pathways and alterations in cell functions. Exemplary assays that may be used or routinely modified to measure calcium flux in immune cells (such as monocytes) include assays disclosed in: Chan, CC, et al., J Pharmacol Exp Ther, 269(3):891-896 (1994); Andersson, K, et al., Cytokine, 12(12):1784-1787 (2000); Scully, SP, et al., J Clin Invest, 74(2) 589-599 (1984); and, Sullivan, E, et al., Methods Mol Biol, 114:125-133 (1999), the contents of each of which	invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Infection, Inflammation, Atherosclerosis, Hypersensitivity, and Leukemias

				is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include the THP-1 monocyte cell line.	
599	HVARW53	1547	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described

				modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used	below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune

				according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
600	HWAAD63	1548	Regulation of transcription through the FAS promoter element in hepatocytes	Assays for the regulation of transcription through the FAS promoter element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to activate the FAS promoter element in a reporter construct and to regulate transcription of FAS, a key enzyme for lipogenesis. FAS promoter is regulated by many transcription factors including SREBP. Insulin increases FAS gene transcription in livers of	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic

				diabetic mice. This stimulation of transcription is also somewhat glucose dependent. Exemplary assays that may be used or routinely modified to test for FAS promoter element activity (in hepatocytes) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Xiong, S., et al., Proc Natl Acad Sci U.S.A., 97(8):3948-53 (2000); Roder, K., et al., Eur J Biochem, 260(3):743-51 (1999); Oskouian B, et al., Biochem J, 317 (Pt 1):257-65 (1996); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated.	neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly

				Exemplary hepatocytes that may be used according to these assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
601	HWABA81	1549	CD152 in Human T cells		
601	HWABA81	1549	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g.,	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells (MVEC).	
601	HWABA81	1549	CXCR4 in SW480		
602	HWABY10	1550	Production of IL-6	IL-6 FMAT. IL-6 is produced by T cells and has strong effects on B cells. IL-6 participates in IL-4 induced IgE production and increases IgA production (IgA plays a role in mucosal immunity). IL-6 induces cytotoxic T cells. Deregulated expression of IL-6 has been linked to autoimmune disease, plasmacytomas, myelomas, and chronic hyperproliferative diseases. Assays for immunomodulatory and differentiation factor proteins produced by a large variety of cells where the expression level is strongly regulated by cytokines, growth factors, and hormones are well known in the art and may be used or routinely modified to	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-6 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-6 production. A highly preferrred indication is the stimulation or enhancement of mucosal immunity. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., as described below under "Infectious Disease"). Highly preferred indications include

				assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation and differentiation and modulate T cell proliferation and function. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-6, and the stimulation and upregulation of T cell proliferation and functional activities. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); and Verhasselt et al., J Immunol 158:2919-2925	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting a B cell-mediated immune response and alternatively suppressing a B cell-mediated immune response. Highly preferred indications include inflammation and inflammatory disorders.Additional highly preferred indications include asthma and allergy. Highly preferred indications include neoplastic diseases (e.g., myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, myeloma, plasmacytoma, leukemia, lymphoma, melanoma, and

				(1997), the contents of each of which are herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").

602	HWABY10	1550	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and

				3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

					plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
602	HWABY10	1550	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred

				response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4	embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal

				responsive T cells.	cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly

					preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
603	HWADJ89	1551	Activation of transcription through serum response element in	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha

			immune cells (such as T-cells).	art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are	production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis.

				publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel

					disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
603	HWADJ89	1551	Stimulation of insulin secretion from pancreatic beta cells.	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain proteins/peptides, and	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke,

				disregulation is a key component in diabetes. Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in: Ahren, B., et al., Am J Physiol, 277(4 Pt 2):R959-66 (1999); Li, M., et al., Endocrinology, 138(9):3735-40 (1997); Kim, K.H., et al., FEBS Lett, 377(2):237-9 (1995); and, Miraglia S et. al., Journal of Biomolecular Screening, 4:193-204 (1999), the contents of each of which is herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells.	impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with

				INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992 130:167.	obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.
604	HWBAO62	1552	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells. Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred embodiment of the invention includes a method for

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); McGuire and Iacobelli, J Immunol 159(3):1319-1327 (1997); Parra et al., J Immunol 166(4):2437-2443 (2001); and Butscher et al., J Biol Chem 3(1):552-560 (1998), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Highly preferred indications include neoplastic diseases (e.g., melanoma, renal cell carcinoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for

					example, melanoma (e.g., metastatic melanoma), renal cell carcinoma (e.g., metastatic renal cell carcinoma), leukemia, lymphoma (e.g,. T cell lymphoma), and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. A highly preferred indication includes infection (e.g., AIDS, tuberculosis, infections associated with granulomatous disease, and osteoporosis, and/or as described below under "Infectious Disease"). A highly preferred indication is AIDS. Additional highly preferred indications include suppression of immune reactions to transplanted organs and/or tissues, uveitis, psoriasis, and tropical spastic paraparesis. Preferred indications include blood

					disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.
604	HWBAO62	1552	Caspase (+paclitaxel) in SW480		
605	HWBAR88	1553	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders

				(including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and apoptosis. Exemplary assays for JNK kinase activity that may be used or routinely modified to test JNK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary cells that may be used according to these assays include eosinophils. Eosinophils are important in the late stage of allergic	(e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.

				reactions; they are recruited to tissues and mediate the inflammatory response of late stage allergic reaction. Moreover, exemplary assays that may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate signal transduction, cell proliferation, activation, or apoptosis in eosinophils include assays disclosed and/or cited in: Zhang JP, et al., "Role of caspases in dexamethasone-induced apoptosis and activation of c-Jun NH2-terminal kinase and p38 mitogen-activated protein kinase in human eosinophils" Clin Exp Immunol; Oct;122(1):20-7 (2000); Hebestreit H, et al., "Disruption of fas receptor signaling by nitric oxide in eosinophils" J Exp Med; Feb 2;187(3):415-25 (1998); J Allergy Clin Immunol 1999 Sep;104(3 Pt 1):565-74; and,	

				Sousa AR, et al., "In vivo resistance to corticosteroids in bronchial asthma is associated with enhanced phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its entirety.	
605	HWBAR88	1553	Production of IL-8 by immune cells (such as the human EOL-1 eosinophil cells)	Assay that measures the production of the chemokine interleukin-8 (IL-8) from immune cells (such as the EOL-1 human eosinophil cell line) are well known in the art (for example, measurement of IL-8 production by FMAT) and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit. Eosinophils are a type of immune cell important in allergic responses; they are	Highly preferred indications include eosinophilia, asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as

				recruited to tissues and mediate the inflammtory response of late stage allergic reaction. IL8 is a strong immunomodulator and may have a potential proinflammatory role in immunological diseases and disorders (such as allergy and asthma).	described below). Highly preferred indications also include boosting or inhibiting immune cell proliferation. Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include boosting an eosinophil-mediated immune response, and suppressing an eosinophil-mediated immune response.
606	HWBCB89	1554	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"),

				routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under “Hyperproliferative Disorders”). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid

					tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious

					disease as described below under “Infectious Disease”).
606	HWBCB89	1554	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and

				and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits	urinary tract cancers and/or as described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				many characteristics of immature mast cells.	
606	HWBCB89	1554	CD152 in Human T cells		
606	HWBCB89	1554	Activation of transcription through NFKB response element in immune cells (such as T-cells).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”). Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under

				et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Black et al., Virus Gnes 15(2):105-117 (1997); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™).	"Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune

					reactions to transplanted organs, asthma and allergy.
606	HWBCB89	1554	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				(MVEC).	
606	HWBCB89	1554	Activation of transcription through serum response element in immune cells (such as natural killer cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related genes in many cell types. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Benson	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and

				et al., J Immunol 153(9):3862-3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute

					lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
607	HWBCP79	1555	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment of the invention includes a method for stimulating

				inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may	adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease,

				be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke,

					impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include

					weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Highly preferred indications include lipomas and

					liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
607	HWBCP79	1555	SEAP in HIB/CRE		
607	HWBCP79	1555	CXCR4 in SW480		
607	HWBCP79	1555	Production of IL-10 and activation of T-cells.	Assays for production of IL-10 and activation of T-cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate or inhibit production of IL-10 and/or activation of T-cells. Exemplary assays that may be used or routinely modified to assess the ability of polypeptides and antibodies of the invention (including agonists or antagonists of the invention) to modulate IL-10 production and/or T-cell proliferation include, for example, assays such as	Highly preferred indications include allergy and asthma. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response.

				disclosed and/or cited in: Robinson, DS, et al., "Th-2 cytokines in allergic disease" Br Med Bull; 56 (4): 956-968 (2000), and Cohn, et al., "T-helper type 2 cell-directed therapy for asthma" Pharmacology & Therapeutics; 88: 187-196 (2000); the contents of each of which are herein incorporated by reference in their entirety. Exemplary cells that may be used according to these assays include Th2 cells. IL10 secreted from Th2 cells may be measured as a marker of Th2 cell activation. Th2 cells are a class of T cells that secrete IL4, IL10, IL13, IL5 and IL6. Factors that induce differentiation and activation of Th2 cells play a major role in the initiation and pathogenesis of allergy and asthma. Primary T helper 2 cells are generated via in vitro culture under Th2 polarizing conditions using peripheral blood lymphocytes isolated from cord blood.	

608	HWBDP28	1556	Activation of transcription through NFAT response element in immune cells (such as mast cells).	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in immunomodulatory functions. Exemplary assays for transcription through the NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under

				agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., J Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Turner et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits	"Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				many characteristics of immature mast cells.	
608	HWBDP28	1556	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Takacs P, et al, FASEB J, 15(2):279-281 (2001); and, Miyamoto K, et al., Am J Pathol, 156(5):1733-1739 (2000), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include microvascular endothelial cells	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Inflammation, Vascular Disease, Athereosclerosis, Restenosis, and Stroke

				(MVEC).	
609	HWBFE57	1557	CD152 in Human T cells		
609	HWBFE57	1557	CD71 in Human T cells		
610	HWDAC39	1558	CD152 in Human T cells		
611	HWDAH38	1559	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm,	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below),

				Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic activity.	boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for

					example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
611	HWDAH38	1559	SEAP in OE-33		
612	HWHGP71	1560	Activation of transcription through STAT6 response element in	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription	A highly preferred indication is allergy. Another highly preferred indication is asthma.

			immune cells (such as T-cells).	(STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT6 transcription factors and modulate the expression of multiple genes. Exemplary assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Georas et al., Blood 92(12):4529-4538 (1998); Moffatt et al., Transplantation 69(7):1521-1523 (2000); Curiel et al., Eur	Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and

				J Immunol 27(8):1982-1987 (1997); and Masuda et al., J Biol Chem 275(38):29331-29337 (2000), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
614	HWHGU54	1562	SEAP in HIB/CRE		
	HWHGU54	1562	Proliferation of pre-	Assays for the regulation (i.e.	

614			adipose cells (such as 3T3-L1 cells)	increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein	

				incorporated by reference in its entirety.	
614	HWHGU54	1562	Production of IL-8 by ~~by~~ endothelial cells (such as Human Umbilical Cord Endothelial Cells).	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8 from endothelial cells (such as human umbilical vein endothelial cells (HUVEC)). HUVECs are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular permeability, vascular tone, and immune cell extravasation. Endothelial	Highly preferred indications include immunological and inflammatory disorders (e.g., such as allergy, asthma, leukemia, etc. and as described below under "Immune Activity", and "Blood-Related Disorders"). Highly preferred indications also ~~includie~~ include autoimmune disorders (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), neoplastic disorders (e.g., organ cancers such as lung, liver, colon cancer, and/or as described below under "Hyperproliferative Disorders"), and cardiovascular disorders (e.g. such as described below under "Cardiovascular Disorders"). Preferred indications include thrombosis, bacteremia and sepsis syndrome and consequent complications (such as acute respiratory distress syndrome and

				cells play a pivotal role in the initiation and perpetuation of inflammation and secretion of IL-8 may play an important role in recruitment and activation of immune cells such as neutrophils, macrophages, and lymphocytes.	systemic ischemia-reperfusion resulting from septic shock), restnosis and atherosclerosis.
614	HWHGU54	1562	MCP-1 in HUVEC		
615	HWHGZ51	1563	Activation of transcription through GAS response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Gamma Interferon Activation Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, Burkitt's lymphoma, non-Hodgkins lymphoma, Hodgkin"s disease), melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic

				of polypeptides of the invention (including antibodies and agonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the contents of each of which are herein incorporated by reference in its entirety. Exemplary mouse T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary T cells that may be used according to these assays include the CTLL cell line, which is a suspension culture of IL-2 dependent cytotoxic T cells.	conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated immune response. Additional preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis, infections associated with chronic granulomatosus disease and malignant osteoporosis, and/or an infectious disease as described below under "Infectious

					Disease"). An additional preferred indication is idiopathic pulmonary fibrosis. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, and asthma and allergy.
615	HWHGZ51	1563	Production of MCP-1	MCP-1 FMAT. Assays for immunomodulatory proteins that are produced by a large variety of cells and act to induce chemotaxis and activation of monocytes and T cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) MCP-1 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) MCP-1 production. A highly preferred indication is

				and agonists or antagonists of the invention) to mediate immunomodulation, induce chemotaxis, and modulate immune cell activation. Exemplary assays that test for immunomodulatory proteins evaluate the production of cell surface markers, such as monocyte chemoattractant protein (MCP), and the activation of monocytes and T cells. Such assays that may be used or routinely modified to test immunomodulatory and diffferentiation activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204(1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Satthaporn and Eremin, J R Coll Surg Ednb 45(1):9-19 (2001); and Verhasselt et al., J Immunol 158:2919-2925 (1997), the contents of each of which are	infection (e.g., an infectious disease as described below under "Infectious Disease"). Additional highly preferred indications include inflammation and inflammatory disorders. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia,

				herein incorporated by reference in its entirety. Human dendritic cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis (bacterial and viral), Lyme Disease, asthma, and allergy Preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
615	HWHGZ51	1563	Activation of transcription through NFKB response element in	Assays for the activation of transcription through the NFKB response element are well-known in the art and may	Highly preferred indications include asthma, allergy, hypersensitivity reactions, and inflammation. Preferred

			immune cells (such as EOL1 cells).	be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of	indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammatory disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below).

				which are herein incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB element to a repeorter gene and binds to the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used according to these assays include eosinophils such as the human EOL-1 cell line of eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	
615	HWHGZ51	1563	CD152 in Human T cells		
615	HWHGZ51	1563	HLA-DR in Human T cells		
615	HWHGZ51	1563	SEAP in OE-33		
	HWHGZ51	1563	Hexosaminidase in		

615			RBL-2H3		
616	HWHHL34	1564	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate expression of mast cell genes important for immune response development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as

				the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell, Cell 89(4):587-596 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of	described below under "Hyperproliferative Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, leukemias, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.

				immature mast cells.	
617	HWLEV32	1565	SEAP in HepG2/Squale-synthetase(stimulation)		
617	HWLEV32	1565	Production of IL-4	IL-4 FMAT. Assays for immunomodulatory proteins secreted by TH2 cells that stimulate B cells, T cells, macrophages and mast cells and promote polarization of CD4+ cells into TH2 cells are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation, stimulate immune cells, modulate immune cell polarization, and/or mediate humoral or cell-mediated immunity. Exemplary assays that test for immunomodulatory proteins evaluate the production of cytokines, such as IL-4, and the stimulation of immune cells, such as B cells, T cells, macrophages and mast cells.	A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) IL-4 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-4 production. A highly preferred indication includes asthma. A highly preferred indication includes allergy. A highly preferred indication includes rhinitis. Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms

				Such assays that may be used or routinely modified to test immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Miraglia et al., J Biomolecular Screening 4:193-204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000); Gonzalez et al., J Clin Lab Anal 8(5):277-283 (1194); Yssel et al., Res Immunol 144(8):610-616 (1993); Bagley et al., Nat Immunol 1(3):257-261 (2000); and van der Graaff et al., Rheumatology (Oxford) 38(3):214-220 (1999), the contents of each of which are herein incorporated by reference in its entirety. Human T cells that may be used according to these assays may be isolated using techniques disclosed herein or otherwise known in the art. Human T cells are primary human lymphocytes that mature in the thymus and	and cancers, such as, for example, leukemia, lymphoma, melanoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),

				express a T cell receptor and CD3, CD4, or CD8. These cells mediate humoral or cell-mediated immunity and may be preactivated to enhance responsiveness to immunomodulatory factors.	plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").
618	HWLIH65	1566	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis.	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include

				Exemplary assays for JNK and p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Res 247(2): 495-504 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2 dependent suspension-culture	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications also include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include arthritis, asthma, AIDS,

				cell line with cytotoxic activity.	allergy, anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin"s disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt"s lymphoma, granulomatous disease, inflammatory bowel disease, sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
618	HWLIH65	1566	Production of VCAM in endothelial cells (such as human umbilical vein endothelial cells (HUVEC))	Assays for measuring expression of VCAM are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate VCAM expression. For example, FMAT may be used to meaure the upregulation of cell surface VCAM-1 expresssion in endothelial cells. Endothelial cells are cells that line blood vessels, and are involved in functions that include, but are not limited to, angiogenesis,	Highly preferred indications include inflammation (acute and chronic), restnosis, atherosclerosis, asthma and allergy. Highly preferred indications include inflammation and inflammatory disorders, immunological disorders, neoplastic disorders (e.g. cancer/tumorigenesis), and cardiovascular disorders (such as described below under “Immune Activity”, “Blood-Related Disorders”, "Hyperproliferative Disorders" and/or "Cardiovascular Disorders"). Highly preferred

				vascular permeability, vascular tone, and immune cell extravasation. Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are available from commercial sources. The expression of VCAM (CD106), a membrane-associated protein, can be upregulated by cytokines or other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	indications include neoplasms and cancers such as, for example, leukemia, lymphoma, melanoma, renal cell carcinoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
619	HWTBK81	1567	Activation of Adipocyte ERK Signaling Pathway	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating adipocyte proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte proliferation. A highly preferred embodiment

				and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Le Marchand-Brustel Y, Exp Clin Endocrinol Diabetes 107(2):126-132 (1999); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Mouse adipocyte cells that may be used according to these assays are publicly available (e.g., through the	of the invention includes a method for stimulating adipocyte differentiation. An alternative highly preferred embodiment of the invention includes a method for inhibiting adipocyte differentiation. A highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) adipocyte activation. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of (e.g., decreasing) and/or inactivating adipocytes. Highly preferred indications include endocrine disorders (e.g., as described below under "Endocrine Disorders"). Highly preferred indications also include neoplastic diseases (e.g., lipomas, liposarcomas, and/or as described below under "Hyperproliferative Disorders"). Preferred indications include blood disorders (e.g., hypertension,

				~~ATCC~~ATCC™). Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	congestive heart failure, blood vessel blockage, heart disease, stroke, impotence and/or as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under "Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases"), and infection (e.g., as described below under "Infectious Disease"). A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic

					neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below (particularly of the urinary tract and skin). An additional highly preferred indication is obesity and/or complications associated with

					obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance. Additional highly preferred indications are disorders of the musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein. Additional highly preferred indications include, hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain, liver, and urinary cancer.

					Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
619	HWTBK81	1567	Activation of transcription through NFKB response element in immune cells (such as the Jurkat human T cell line).	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include immunological and hematopoietic disorders (e.g., as described below under “Immune Activity”, “Blood-Related Disorders”, and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and immunodeficiencies (e.g., as described below). An additional highly preferred indication is infection (e.g., AIDS, and/or an infectious disease as described below under “Infectious Disease”).

				disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al, Immunology 90(3):455-460 (1997); Aramburau et al., J Exp Med 82(3):801-810 (1995); and Fraser et al., 29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety. T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). T cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™). Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	Highly preferred indications include neoplastic diseases (e.g., melanoma, leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms and cancers, such as,melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease,

					sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.
620	HYAAJ71	1568	Production of ICAM-1	Assays for measuring expression of ICAM-1 are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate ICAM-1 expression. Exemplary assays that may be used or routinely modified to measure ICAM-1 expression include assays disclosed in: Rolfe BE, et al., Atherosclerosis, 149(1):99-110 (2000); Panettieri RA Jr, et al., J Immunol, 154(5):2358-2365 (1995); and, Grunstein MM, et al., Am J Physiol Lung Cell Mol Physiol, 278(6):L1154-L1163 (2000), the contents of each of which is herein incorporated by reference in its	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Vascular Disease, Atherosclerosis, Restenosis, Stroke, and Asthma.

				entirety. Cells that may be used according to these assays are publicly available (e.g., through the ~~ATCC~~ATCC™) and/or may be routinely generated. Exemplary cells that may be used according to these assays include Aortic Smooth Muscle Cells (AOSMC); such as bovine AOSMC.	
620	HYAAJ71	1568	Activation of Transcription	Assays for activation of transcription are well-known in the art and may be used and routinely modified to assess ability of polypeptides of the invention to inhibit or activate transcription. An example of such an assay follows: Cells were pretreated with SID supernatants or controls for 15-18 hours. SEAP activity was measured after 48 hours. LS174T is an epithelial colon adenocarcinoma cell line. Its tumourigenicity in nude mice make cell line LS174T a model for studies on the mechanism of synthesis and secretion of specific tumoral markers in colon cancer. See, Patan et al.,	

				Circ Res, 89(8):732-39 (2001), the contents of which are herein incorporated by reference in its entirety.	
621	HUSBA88	1569	Proliferation of pre-adipose cells (such as 3T3-L1 cells)	Assays for the regulation (i.e. increases or decreases) of viability and proliferation of cells in vitro are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate viability and proliferation of pre-adipose cells and cell lines. For example, the CellTiter-Gloô Luminescent Cell Viability Assay (~~Promega~~PROMEGA™ Corp., Madison, WI, USA) can be used to measure the number of viable cells in culture based on quantitation of the ATP present which signals the presence of metabolically active cells. 3T3-L1 is a mouse preadipocyte cell line. It is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation. Cells	

				were differentiated to an adipose-like state before being used in the screen. See Green H and Meuth M., Cell 3: 127-133 (1974), which is herein incorporated by reference in its entirety.	
621	HUSBA88	1569	Production of IL-8	Assays measuring production of IL-8 are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. For example, FMAT may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate production and/or secretion of IL-8. HT1080 is a human connective tissue, fibrosarcoma cell line obtainable from the ~~ATCC~~ATCC™ as CCL-21. The cell line contains an activated N-ras oncogene. *See* Rasheed et al., Cancer 33: 1027-1033 (1974), which is incorporated by reference in its entirety.	

Table 1E

Polynucleotides encoding polypeptides of the present invention can be used in assays to test for one or more biological activities. One such biological activity which may be tested includes the ability of polynucleotides and polypeptides of the invention to stimulate up-regulation or down-regulation of expression of particular genes and proteins. Hence, if polynucleotides and polypeptides of the present invention exhibit activity in altering particular gene and protein expression patterns, it is likely that these polynucleotides and polypeptides of the present invention may be involved in, or capable of effecting changes in, diseases associated with the altered gene and protein expression profiles. Hence, polynucleotides, polypeptides, or antibodies of the present invention could be used to treat said associated diseases.

TaqMan® assays may be performed to assess the ability of polynucleotides (and polypeptides they encode) to alter the expression pattern of particular "target" genes. TaqMan® reactions are performed to evaluate the ability of a test agent to induce or repress expression of specific genes in different cell types. TaqMan® gene expression quantification assays ("TaqMan® assays") are well known to, and routinely performed by, those of ordinary skill in the art. TaqMan® assays are performed in a two step reverse transcription / polymerase chain reaction (RT-PCR). In the first (RT) step, cDNA is reverse transcribed from total RNA samples using random hexamer primers. In the second (PCR) step, PCR products are synthesized from the cDNA using gene specific primers.

To quantify gene expression the Taqman® PCR reaction exploits the 5' nuclease activity of AmpliTaq Gold® DNA Polymerase to cleave a Taqman® probe (distinct from the primers) during PCR. The Taqman® probe contains a reporter dye at the 5'-end of the probe and a quencher dye at the 3' end of the probe. When the probe is intact, the proximity of the reporter dye to the quencher dye results in suppression of the reporter fluorescence. During PCR, if the target of interest is present, the probe specifically anneals between the forward and reverse primer sites. AmpliTaq Fold DNA Polymerase then cleaves the probe between the reporter and quencher when the probe hybridizes to the target, resulting in increased fluorescence of the reporter (see Figure 2). Accumulation of PCR products is detected directly by monitoring the increase in fluorescence of the reporter dye.

After the probe fragments are displaced from the target, polymerization of the strand continues. The 3'-end of the probe is blocked to prevent extension of the probe during PCR. This process occurs in every cycle and does not interfere with the exponential accumulation of product. The increase in fluorescence signal is detected only if the target sequence is complementary to the probe and is amplified during PCR. Because of these requirements, any nonspecific amplification is not detected.

For test sample preparation, vector controls or constructs containing the coding sequence for the gene of interest are transfected into cells, such as for example 293T cells, and supernatants collected after 48 hours. For cell treatment and RNA isolation, multiple primary human cells or human cell lines are used; such cells may include but are not limited to, Normal Human Dermal Fibroblasts, Aortic Smooth Muscle, Human Umbilical Vein Endothelial Cells, HepG2, Daudi, Jurkat, U937, Caco, and THP-1 cell lines. Cells are plated in growth media and growth is arrested by culturing without media change for 3 days, or by switching cells to low serum media and incubating overnight. Cells are treated for 1, 6, or 24 hours with either vector control supernatant or sample supernatant (or purified/partially purified protein preparations in buffer). Total RNA is isolated; for example, by using ~~Trizol~~TRIZOL™ extraction or by using the Ambion RNAqueous(TM)-4PCR RNA isolation system. Expression levels of multiple genes are analyzed using TAQMAN, and expression in the test sample is compared to control vector samples to identify genes induced or repressed. Each of the above described techniques are well known to, and routinely performed by, those of ordinary skill in the art.

Table 1E indicates particular disease classes and preferred indications for which polynucleotides, polypeptides, or antibodies of the present invention may be used in detecting, diagnosing, preventing, treating and/or ameliorating said diseases and disorders based on "target" gene expression patterns which may be up- or down-regulated by polynucleotides (and the encoded polypeptides) corresponding to each indicated cDNA Clone ID (shown in Table 1E, Column 2).

Thus, in preferred embodiments, the present invention encompasses a method of detecting, diagnosing, preventing, treating, and/or ameliorating a disease or disorder listed in the "Disease Class" and/or "Preferred Indication" columns of Table 1E; comprising administering to a patient in which such detection, diagnosis, prevention, or treatment is desired a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof) in an amount effective to detect, diagnose, prevent, treat, or ameliorate the disease or disorder. The first and second columns of Table 1D show the "Gene No." and "cDNA Clone ID No.", respectively, indicating certain nucleic acids and proteins (or antibodies against the same) of the invention (including polynucleotide, polypeptide, and antibody fragments or variants thereof) that may be used in detecting, diagnosing, preventing, treating, or ameliorating the disease(s) or disorder(s) indicated in the corresponding row in the "Disease Class" or "Preferred Indication" Columns of Table 1E.

In another embodiment, the present invention also encompasses methods of detecting, diagnosing, preventing, treating, or ameliorating a disease or disorder listed in the "Disease Class" or "Preferred Indication" Columns of Table 1E; comprising administering to a patient combinations of the proteins, nucleic acids, or antibodies of the invention (or fragments or variants thereof), sharing similar indications as shown in the corresponding rows in the "Disease Class" or "Preferred Indication" Columns of Table 1E.

The "Disease Class" Column of Table 1E provides a categorized descriptive heading for diseases, disorders, and/or conditions (more fully described below) that may be detected, diagnosed, prevented, treated, or ameliorated by a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof).

The "Preferred Indication" Column of Table 1E describes diseases, disorders, and/or conditions that may be detected, diagnosed, prevented, treated, or ameliorated by a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof).

The "Cell Line" and "Exemplary Targets" Columns of Table 1E indicate particular cell lines and target genes, respectively, which may show altered gene expression patterns (i.e., up- or down-regulation of the indicated target gene) in Taqman assays, performed as described above, utilizing polynucleotides of the cDNA Clone ID shown in the corresponding row. Alteration of expression patterns of the indicated "Exemplary Target" genes is correlated with a particular "Disease Class" and/or "Preferred Indication" as shown in the corresponding row under the respective column headings.

The "Exemplary Accessions" Column indicates GenBank Accessions (available online through the National Center for Biotechnology Information (NCBI) at ~~http://~~www.ncbi.nlm.nih.gov/) which correspond to the "Exemplary Targets" shown in the adjacent row.

The recitation of “Cancer” in the "Disease Class" Column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof) may be used for example, to detect, diagnose, prevent, treat, and/or ameliorate neoplastic diseases and/or disorders (e.g., leukemias, cancers, etc., as described below under “Hyperproliferative Disorders”).

The recitation of “Immune” in the “Disease Class” column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, prevent, treat, and/or ameliorate diseases and/or disorders relating to neoplastic diseases (e.g., as described below under “Hyperproliferative Disorders”), blood disorders (e.g., as described below under “Immune Activity” “Cardiovascular Disorders” and/or “Blood-Related Disorders”), and infections (e.g., as described below under “Infectious Disease”).

The recitation of “Angiogenesis” in the “Disease Class” column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, treat, prevent, and/or ameliorate diseases and/or disorders relating to neoplastic diseases (e.g., as described below under “Hyperproliferative Disorders”), diseases and/or disorders of the cardiovascular system (e.g., as described below under “Cardiovascular Disorders”), diseases and/or disorders involving cellular and genetic abnormalities (e.g., as described below under “Diseases at the Cellular Level"),

diseases and/or disorders involving angiogenesis (e.g., as described below under “Anti-Angiogenesis Activity"), to promote or inhibit cell or tissue regeneration (e.g., as described below under “Regeneration"), or to promote wound healing (e.g., as described below under “Wound Healing and Epithelial Cell Proliferation”).

The recitation of "Diabetes" in the "Disease Class" column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, treat, prevent, and/or ameliorate diabetes (including diabetes mellitus types I and II), as well as diseases and/or disorders associated with, or consequential to, diabetes (e.g. as described below under "Endocrine Disorders," "Renal Disorders," and "Gastrointestinal Disorders").

Table 1E

Gene No.	cDNA Clone ID	Disease Class	Preferred Indications	Cell Line	Exemplary Targets	Exemplary Accessions
13	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(AOSMC cells are aortic smooth muscle cells).	AOSMC	Vegf1	gb|AF024710 |AF024710
13	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	TSP-1	gb|X04665|H STHROMR
13	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	Vegf1	gb|AF024710 |AF024710
13	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to,	SK-N-MC neuroblastoma	Cycloox Vegf1	gb|AF024710 |AF024710

			tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue available through the ~~ATCC~~ATCC™ as cell line number HTB-10).			
13	HAGDG59	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancer involving cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving the gastrointestinal tract.(The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	M1 RIBO R p53 TAA6	gb|X59543|HSRIREM1 gb|X60011|HSP53002 gb|I34297|I34297
13	HAGDG59	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving endothelial cells.(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	bcl-2 Cyclin D	gb|X06487|HSBCL2IG gb|BC000076|BC000076
13	HAGDG59	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to cancers involving cells of the brain/ central nervous system (e.g. neural epithelium)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving the brain or central nervous system.(The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue available through the ~~ATCC~~ATCC™ as cell line number HTB-10).	SK-N-MC neuroblastoma	Bax bcl-2 Cyclin D	gb|AF250190|AF250190 gb|X06487|HSBCL2IG gb|BC000076|BC000076

13	HAGDG59	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	beta-catenin Cyclin D3 DHFR M1 RIBO R	gb|AR034832|AR034832 gb|V00507|HSDHFR gb|X59543|HSRIREM1
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving muscle tissue or the cardiovascular system). (AOSMC cells are human aortic smooth muscle cells).	AOSMC	CIS3 GATA1 IL1B	gb|AB006967|AB006967 gb|X17254|HSERYF1 gb|X02532|HSIL1BR
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the gastrointestinal tract). (The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	TNF	gb|AJ270944|HSA27094
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). Highly preferred embodiments of the invention include methods of	HEK293	GATA3	gb|X55037|HSGATA3

			preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). (The 293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).			
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving endothelial cells). (HUVEC cells are human umbilical vein endothelial cells).	HUVEC	CD30 HLA-c IL5 TNF	gb|X12705|HSBCDFIA gb|AJ270944|HSA27094
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	Rag1 TNF	gb|M29474|HUMRAG1 gb|AJ270944|HSA27094
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the hepatic system).	Liver	LTBR	gb|AK027080|AK027080
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune	SK-N-MC neuroblastoma	CIS3 GATA1 HLA-c	gb|AB006967|AB006967 gb|X17254|H

			disorders involving the central nervous system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the central nervous sytem). (The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue and is available through the ~~ATCC~~ATCC™ as cell line number HTB-10).			SERYF1
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells).	T-cell-03/31/00	CD40 Granzyme B	gb|AJ300189|HSA30018 gb|J04071|HUMCSE
13	HAGDG59	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	CD69 TNF	gb|Z22576|HSCD69GNA gb|AJ270944|HSA27094
79	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The Caco-2 cell line is a human colorectal	Caco-2	ICAM VCAM	gb|X06990|HSICAM1 gb|A30922|A30922

			adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).			
79	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	Vegf1	gb|AF024710|AF024710
79	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	Vegf1	gb|AF024710|AF024710
79	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	VCAM	gb|A30922|A30922
79	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders,"	NHDF	PAI	gb|X12701|HSENDPAI

			"Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(NHDF cells are normal human dermal fibroblasts).			
79	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	Vegf1	gb|AF024710 |AF024710
79	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	VCAM	gb|A30922|A 30922
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders.(AOSMC cells are aortic smooth muscle cells).	AOSMC	Cyclin D2	gb|X68452|H SCYCD2
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancer involving cells of the gastrointestinal tract). Highly preferred embodiments of	Caco-2	c-fos U66469 p53 regulated	gb|BC004490 |BC004490

			the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving the gastrointestinal tract.(The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).		gene	
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as B-cells).(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	Cyclin A1	gb|U97680|HSU97680
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving endothelial cells.(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	Cyclin A1 Cyclin D Cyclin D2	gb|U97680|HSU97680 gb|BC000076|BC000076 gb|X68452|HSCYCD2
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as T-cells).(The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	DHFR p21 U66469 p53 regulated gene	gb|V00507|HSDHFR gb|BC000275|BC000275
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving	Liver	p21	gb|BC000275|BC000275

			cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the hepatic system.			
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	c-fos	gb|BC004490|BC004490
79	HCHNF25	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	Cyclin A1 Cyclin D Cyclin D2	gb|U97680|HSU97680 gb|BC000076|BC000076 gb|X68452|HSCYCD2
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the gastrointestinal tract). (The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	CCR4 CIS3 ICAM VCAM	gb|AB023888|AB023888 gb|AB006967|AB006967 gb|X06990|HSICAM1 gb|A30922|A30922
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-	Daudi	Rag1 Rag2	gb|M29474|HUMRAG1

			Related Disorders" (particularly including, but not limited to, immune disorders involving the B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving B-cells). (The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).			gb|AY011962|AY011962
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving endothelial cells). (HUVEC cells are human umbilical vein endothelial cells).	HUVEC	CD25 TNF	gb|X03137|HSIL2RG7 gb|AJ270944|HSA27094
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	CD28 IL2 VCAM	gb|AF222342|AF222342 gb|X61155|HSARTIL2 gb|A30922|A30922
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the hepatic system).	Liver	CCR4 CD28 CXCR3 Rag2	gb|AB023888|AB023888 gb|AF222342|AF222342 gb|Z79783|HSCKRL2 gb|AY011962|AY011962
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as	NHDF	CIS3	gb|AB00696

			described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the skin). (NHDF cells are normal human dermal fibroblasts).		Rag1	7|AB006967 gb|M29474|HUMRAG1
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The THP1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	CD28 CIS3 CXCR3	gb|AF222342 |AF222342 gb|AB006967|AB006967 gb|Z79783|HSCKRL2
79	HCHNF25	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	TNF VCAM	gb|AJ270944|HSA27094 gb|A30922|A30922
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(AOSMC cells are aortic smooth muscle cells).	AOSMC	Flt1 VCAM	gb|AF063657 |AF063657 gb|A30922|A30922

105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	Vegf1	gb|AF024710|AF024710
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	ICAM	gb|X06990|HSICAM1
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	Cycloox Flt1 iNOS	gb|AF063657|AF063657 gb|X85761|HSNOS2E3
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders,"	HUVEC	Flt1 TSP-1 VCAM	gb|AF063657|AF063657 gb|X04665|HSTHROMR gb|A30922|A

			"Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(HUVEC cells are human umbilical vein endothelial cells).			30922
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	Flt1 Vegf1	gb|AF063657 |AF063657 gb|AF024710 |AF024710
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."	Liver	VCAM	gb|A30922|A 30922
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(NHDF cells are normal human dermal fibroblasts).	NHDF	TSP-1 Vegf1	gb|X04665|H STHROMR gb|AF024710 |AF024710
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders,"	T cell	ICAM Vegf1	gb|X06990|H SICAM1 gb|AF024710 |AF024710

			"Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."			
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	VCAM	gb|A30922|A30922
105	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	VCAM	gb|A30922|A30922
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancer involving cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving the gastrointestinal tract.(The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	p21 TAA6	gb|BC000275|BC000275 gb|I34297|I34297
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of	Daudi	Cyclin D2	gb|X68452|HSCYCD2

			immune cells, such as B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as B-cells).(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).			
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of epithelial cells or cancers involving the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving epithelial cells or the renal system.(The 293 cell line human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	c-jun DHFR U66469 p53 regulated gene	gb|BC006175|BC006175 gb|V00507|HSDHFR
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving endothelial cells.(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	beta-catenin Cyclin A1 Cyclin D2	gb|U97680|HSU97680 gb|X68452|HSCYCD2
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the hepatic system.	Liver	Cyclin D3	gb|AR034832|AR034832
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to cancers involving cells of the skin). Highly preferred embodiments of the invention	NHDF	bcl-2 beta-catenin Cyclin D3	gb|X06487|HSBCL2IG gb|AR03483

			include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving skin cells.(NHDF cells are normal human dermal fibroblasts).		DHFR M1 RIBO R U66469 p53 regulated gene	2|AR034832 gb|V00507|HSDHFR gb|X59543|HSRIREM1
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as T-cells).	T cell	Cyclin D DHFR M1 RIBO R p21	gb|BC000076|BC000076 gb|V00507|HSDHFR gb|X59543|HSRIREM1 gb|BC000275|BC000275
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	Cyclin A1 Cyclin D2	gb|U97680|HSU97680 gb|X68452|HSCYCD2
105	HDPBQ71	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	Cyclin A1 Cyclin D p21	gb|U97680|HSU97680 gb|BC000076|BC000076 gb|BC000275|BC000275
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as	AOSMC	IL1B	gb|X02532|H

			described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving muscle tissue or the cardiovascular system). (AOSMC cells are human aortic smooth muscle cells).		VCAM	SIL1BR gb|A30922|A30922
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving B-cells). (The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	c-maf CD25 CXCR3 Granzyme B ICAM	gb|AF055377|AF055377 gb|X03137|HSIL2RG7 gb|Z79783|HSCKRL2 gb|J04071|HUMCSE gb|X06990|HSICAM1
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). (The 293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	CCR4 TNF	gb|AB023888|AB023888 gb|AJ270944|HSA27094
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing,	HUVEC	Rag2 VCAM	gb|AY011962|AY011962 gb|A30922|A30922

			treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving endothelial cells). (HUVEC cells are human umbilical vein endothelial cells).			
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	c-maf CD69 TNF	gb|AF055377|AF055377 gb|Z22576|HSCD69GNA gb|AJ270944|HSA27094
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the hepatic system).	Liver	VCAM	gb|A30922|A30922
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the skin). (NHDF cells are normal human dermal fibroblasts).	NHDF	HLA-c LTBR Rag1	gb|AK027080|AK027080 gb|M29474|HUMRAG1
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the central nervous system). Highly preferred embodiments of the invention include methods of preventing,	SK-N-MC neuroblastoma	CD40 TNF	gb|AJ300189|HSA30018 gb|AJ270944|HSA27094

			detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the central nervous sytem). (The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue and is available through the ~~ATCC~~ATCC™ as cell line number HTB-10).			
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells).	T cell	CD69 CTLA4 Granzyme B ICAM IFNg IL5 LTBR Rag2	gb|Z22576|HSCD69GNA gb|AF316875|AF316875 gb|J04071|HUMCSE gb|X06990|HSICAM1 gb|X87308|HSRNAIG gb|X12705|HSBCDFIA gb|AK027080|AK027080 gb|AY011962|AY011962
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The THP1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	CCR3 CD30 Il6 Rag2 VCAM	gb|AB023887|AB023887 gb|X04403|HS26KDAR gb|AY011962|AY011962 gb|A30922|A30922
105	HDPBQ71	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune	U937	CD69 TNF VCAM	gb|Z22576|HSCD69GNA gb|AJ270944|

			disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).			HSA27094 gb|A30922|A30922
187	HFCCQ50	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).	TF-1	TSP-1	gb|X04665|HSTHROMR
187	HFCCQ50	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	ICAM	gb|X06990|HSICAM1
187	HFCCQ50	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to cancers involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving erythrocytes. (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).	TF-1	Cyclin D2 M1 RIBO R	gb|X68452|HSCYCD2 gb|X59543|HSRIREM1

187	HFCCQ50	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(THe U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	Bax DHFR M1 RIBO R	gb|AF250190 |AF250190 gb|V00507|H SDHFR gb|X59543|H SRIREM1
187	HFCCQ50	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving erythrocytes). (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).	TF-1	CD40 CD69	gb|AJ300189| HSA30018 gb|Z22576|H SCD69GNA
187	HFCCQ50	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	ICAM IRF1 LTBR	gb|X06990|H SICAM1 gb|X14454|H SIRF1 gb|AK02708 0|AK027080
188	HFCEW05	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to cancers involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving	TF-1	c-jun p21	gb|BC006175 |BC006175 gb|BC000275 |BC000275

			erythrocytes. (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).			
188	HFCEW05	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving erythrocytes). (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).	TF-1	CD40 IL1B LTBR	gb|AJ300189|HSA30018 gb|X02532|HSIL1BR gb|AK027080|AK027080
204	HFVAB79	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	ICAM	gb|X06990|HSICAM1
204	HFVAB79	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(THe U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	c-jun	gb|BC006175|BC006175
204	HFVAB79	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the	U937	CTLA4 ICAM LTBR TNF	gb|AF316875|AF316875 gb|X06990|HSICAM1

			invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).			gb|AK027080|AK027080 gb|AJ270944|HSA27094
249	HJACG02	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."	Adipocytes-3/12/01	ICAM PAI Vegf1	gb|X06990|HSICAM1 gb|X12701|HSENDPAI gb|AF024710|AF024710
249	HJACG02	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(AOSMC cells are aortic smooth muscle cells).	AOSMC	VCAM	gb|A30922|A30922
249	HJACG02	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	ICAM VCAM	gb|X06990|HSICAM1 gb|A30922|A30922
249	HJACG02	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to,	HUVEC	ICAM TSP-1 Vegf1	gb|X06990|HSICAM1 gb|X04665|H

			tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(HUVEC cells are human umbilical vein endothelial cells).			STHROMR gb|AF024710 |AF024710
249	HJACG02	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancer involving adipocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders.(Primary adipocytes)	Adipocytes-3/12/01	Egr1	
249	HJACG02	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders.(AOSMC cells are aortic smooth muscle cells).	AOSMC	M1 RIBOR	gb|X59543|HSRIREM1
249	HJACG02	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as B-cells).(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	Cyclin A1	gb|U97680|HSU97680
249	HJACG02	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of epithelial cells or cancers involving the renal system). Highly	HEK293	E-cadherin	gb|Z35408|HSECAD9

			preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving epithelial cells or the renal system.(The 293 cell line human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).			
249	HJACG02	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as T-cells).(The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	Cyclin A1	gb|U97680|HSU97680
249	HJACG02	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the hepatic system.	Liver	Cyclin D2	gb|X68452|HSCYCD2
249	HJACG02	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to cancers involving cells of the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving skin cells.(NHDF cells are normal human dermal fibroblasts).	NHDF	Cyclin A1	gb|U97680|HSU97680
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving adipocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system	Adipocytes-3/12/01	ICAM Il6 Rag1	gb|X06990|HSICAM1 gb|X04403|HS26KDAR gb|M29474|HUMRAG1

			(particularly including, but not limited to, immune disorders involving adipocytes).			
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving muscle tissue or the cardiovascular system). (AOSMC cells are human aortic smooth muscle cells).	AOSMC	CD30 CD40 IL1B IL5 TNF VCAM	gb|AJ300189|HSA30018 gb|X02532|HSIL1BR gb|X12705|HSBCDFIA gb|AJ270944|HSA27094 gb|A30922|A30922
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the gastrointestinal tract). (The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	Rag1	gb|M29474|HUMRAG1
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving B-cells). (The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	ICAM Rag1 VCAM	gb|X06990|HSICAM1 gb|M29474|HUMRAG1 gb|A30922|A30922
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-	HEK293	c-maf	gb|AF055377|AF055377

			Related Disorders" (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). (The 293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).			
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving endothelial cells). (HUVEC cells are human umbilical vein endothelial cells).	HUVEC	ICAM	gb|X06990|HSICAM1
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	Rag2 TNF	gb|AY011962|AY011962 gb|AJ270944|HSA27094
249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the skin). (NHDF cells are normal human dermal fibroblasts).	NHDF	Rag1	gb|M29474|HUMRAG1

249	HJACG02	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	GATA1 IL5 TNF	gb|X17254|HSERYF1 gb|X12705|HSBCDFIA gb|AJ270944|HSA27094
265	HKACD58	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(AOSMC cells are aortic smooth muscle cells).	AOSMC	VCAM Vegf1	gb|A30922|A30922 gb|AF024710|AF024710
265	HKACD58	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	TSP-1 Vegf1	gb|X04665|HSTHROMR gb|AF024710|AF024710
265	HKACD58	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the	HUVEC	ICAM	gb|X06990|HSICAM1

			Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(HUVEC cells are human umbilical vein endothelial cells).			
265	HKACD58	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(NHDF cells are normal human dermal fibroblasts).	NHDF	VCAM	gb|A30922|A30922
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders.(AOSMC cells are aortic smooth muscle cells).	AOSMC	Cyclin D2	gb|X68452|HSCYCD2
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as B-cells).(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	c-jun	gb|BC006175|BC006175
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of epithelial cells or cancers involving the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer	HEK293	bcl-2 DHFR p21 U66469 p53 regulated	gb|X06487|HSBCL2IG gb|V00507|HSDHFR gb|BC000275|BC000275

			and hyperproliferative disorders involving epithelial cells or the renal system.(The 293 cell line human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).		gene	
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving endothelial cells.(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	U66469 p53 regulated gene	
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as T-cells).(The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	Cyclin D2	gb|X68452|HSCYCD2
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the hepatic system.	Liver	Cyclin D3 Egr1	gb|AR034832|AR034832
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The THP-	THP1	Cyclin D p21	gb|BC000076|BC000076 gb|BC000275|BC000275

			1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).			
265	HKACD58	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	c-jun Cyclin A1	gb|BC006175 |BC006175 gb|U97680|H SU97680
265	HKACD58	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving muscle tissue or the cardiovascular system). (AOSMC cells are human aortic smooth muscle cells).	AOSMC	VCAM	gb|A30922|A 30922
265	HKACD58	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving B-cells). (The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	CD40	gb|AJ300189| HSA30018
265	HKACD58	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving endothelial cells). Highly preferred embodiments	HUVEC	ICAM Rag1	gb|X06990|H SICAM1 gb|M29474|H UMRAG1

			of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving endothelial cells). (HUVEC cells are human umbilical vein endothelial cells).			
265	HKACD58	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the hepatic system).	Liver	CD28	gb|AF222342|AF222342
265	HKACD58	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the skin). (NHDF cells are normal human dermal fibroblasts).	NHDF	CXCR3 GATA1 Il6 VCAM	gb|Z79783|HSCKRL2 gb|X17254|HSERYF1 gb|X04403|HS26KDAR gb|A30922|A30922
265	HKACD58	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The THP1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	CIS3	gb|AB006967|AB006967
265	HKACD58	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the	U937	CD69 TNF	gb|Z22576|HSCD69GNA gb|AJ270944|HSA27094

			invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).			
281	HL2AC08	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to cancers involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving erythrocytes. (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).	TF-1	p21	gb|BC000275|BC000275
281	HL2AC08	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving erythrocytes). (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).	TF-1	CD69 GATA1 TNF	gb|Z22576|HSCD69GNA gb|X17254|HSERYF1 gb|AJ270944|HSA27094
389	HNHFO29	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	Flt1 ICAM PAI	gb|AF063657|AF063657 gb|X06990|HSICAM1 gb|X12701|HSENDPAI
389	HNHFO29	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer)	TF-1	bcl-2	gb|X06487|H

			such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to cancers involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving erythrocytes. (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).		Cyclin D DHFR Egr1	SBCL2IG gb|BC000076 |BC000076 gb|V00507|H SDHFR
389	HNHFO29	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(THe U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	Cyclin D Cyclin D3 DHFR	gb|BC000076 |BC000076 gb|AR03483 2|AR034832 gb|V00507|H SDHFR
389	HNHFO29	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving erythrocytes). (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).	TF-1	CD40 TNF	gb|AJ300189| HSA30018 gb|AJ270944| HSA27094
389	HNHFO29	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-	U937	ICAM	gb|X06990|H SICAM1

			1593.2).			
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(AOSMC cells are aortic smooth muscle cells).	AOSMC	VCAM	gb|A30922|A30922
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	ICAM Vegf1	gb|X06990|HSICAM1 gb|AF024710|AF024710
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	Cycloox VCAM	gb|A30922|A30922
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders,"	HUVEC	ICAM Vegf1	gb|X06990|HSICAM1 gb|AF024710|AF024710

			"Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(HUVEC cells are human umbilical vein endothelial cells).			
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	Flt1	gb|AF063657|AF063657
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The Molt4 cell line is a human T cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1582).	Molt4	iNOS	gb|X85761|HSNOS2E3
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(NHDF cells are normal human dermal fibroblasts).	NHDF	Vegf1	gb|AF024710|AF024710
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as	SUPT	VCAM	gb|A30922|A30922

			described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(SUPT cells are human T-cells).			
495	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	ICAM TSP-1 VCAM Vegf1	gb|X06990|HSICAM1 gb|X04665|HSTHROMR gb|A30922|A30922 gb|AF024710|AF024710
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders.(AOSMC cells are aortic smooth muscle cells).	AOSMC	bcl-2 Cyclin A1 M1 RIBOR	gb|X06487|HSBCL2IG gb|U97680|HSU97680 gb|X59543|HSRIREM1
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancer involving cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving the gastrointestinal tract.(The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	DHFR Egr1 p53 U66469 p53 regulated gene	gb|V00507|HSDHFR gb|X60011|HSP53002
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as T-cells). Highly preferred embodiments of the	H9	DHFR U66469 p53 regulated	gb|V00507|HSDHFR

			invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as T-cells).(The H9 cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-176).		gene	
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of epithelial cells or cancers involving the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving epithelial cells or the renal system.(The 293 cell line human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	bcl-2 Cyclin D E-cadherin M1 RIBOR	gb|X06487|HSBCL2IG gb|BC000076|BC000076 gb|Z35408|HSECAD9 gb|X59543|HSRIREM1
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving endothelial cells.(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	Cyclin D2	gb|X68452|HSCYCD2
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as T-cells).(The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	Cyclin A1 Cyclin D Cyclin D2 Cyclin D3 DHFR Egr1	gb|U97680|HSU97680 gb|BC000076|BC000076 gb|X68452|HSCYCD2 gb|AR034832|AR034832 gb|V00507|HSDHFR
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer)	Liver	Cyclin D2	gb|X68452|H

			such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the hepatic system.		DHFR	SCYCD2 gb|V00507|HSDHFR
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as T-cells).(The Molt-4 cell line is a human T-cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1582).	Molt4	Cyclin D2 p21	gb|X68452|HSCYCD2 gb|BC000275|BC000275
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to cancers involving cells of the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving skin cells.(NHDF cells are normal human dermal fibroblasts).	NHDF	U66469 p53 regulated gene	
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to cancers involving cells of the brain/ central nervous system (e.g. neural epithelium)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving the brain or central nervous system.(The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue available through the ~~ATCC~~ATCC™ as cell line number HTB-10).	SK-N-MC neuroblastoma	Cyclin A1 Egr1 p53 U66469 p53 regulated gene	gb|U97680|HSU97680 gb|X60011|HSP53002
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative	THP1	Cyclin D DHFR	gb|BC000076|BC000076

			Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).		Egr1 p21 U66469 p53 regulated gene	gb|V00507|HSDHFR gb|BC000275|BC000275
495	HSDSB09	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	Egr1	
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving muscle tissue or the cardiovascular system). (AOSMC cells are human aortic smooth muscle cells).	AOSMC	CCR3 CCR4 CD25 CD30 CD40 CTLA4 IL5 Rag1 VCAM	gb|AB023887|AB023887 gb|AB023888|AB023888 gb|X03137|HSIL2RG7 gb|AJ300189|HSA30018 gb|AF316875|AF316875 gb|X12705|HSBCDFIA gb|M29474|HUMRAG1 gb|A30922|A30922
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as	Caco-2	c-maf	gb|AF055377

			described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the gastrointestinal tract). (The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).		GATA3 ICAM Rag1	|AF055377 gb|X55037|HSGATA3 gb|X06990|HSICAM1 gb|M29474|HUMRAG1
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving B-cells). (The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	TNF	gb|AJ270944|HSA27094
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The H9 cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-176).	H9	CIS3 Rag1	gb|AB006967|AB006967 gb|M29474|HUMRAG1
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited	HEK293	CCR3 CCR4 CD25 CD30 CD40 CTLA4 GATA3	gb|AB023887|AB023887 gb|AB023888|AB023888 gb|X03137|HSIL2RG7

			to, immune disorders involving epithelial cells or the renal system). (The 293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).		Rag1 TNF VCAM	gb|AJ300189|HSA30018 gb|AF316875|AF316875 gb|X55037|HSGATA3 gb|M29474|HUMRAG1 gb|AJ270944|HSA27094 gb|A30922|A30922
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving endothelial cells). (HUVEC cells are human umbilical vein endothelial cells).	HUVEC	CD40 ICAM IL10 Rag1 Rag2 TNF	gb|AJ300189|HSA30018 gb|X06990|HSICAM1 gb|AF055467|AF055467 gb|M29474|HUMRAG1 gb|AY011962|AY011962 gb|AJ270944|HSA27094
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).	Jurkat	CD69 IL5 Rantes TNF	gb|Z22576|HSCD69GNA gb|X12705|HSBCDFIA gb|AF043341|AF043341 gb|AJ270944|HSA27094
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as	Liver	CD25	gb|X03137|H

			described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the hepatic system).			SIL2RG7
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Molt-4 cell line is a human T-cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1582).	Molt4	CD28	gb|AF222342 |AF222342
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the skin). (NHDF cells are normal human dermal fibroblasts).	NHDF	CD28 CD40 Il6	gb|AF222342 |AF222342 gb|AJ300189| HSA30018 gb|X04403|H S26KDAR
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the central nervous system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the central nervous sytem). (The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue and is available through the ~~ATCC~~ATCC™ as cell line number HTB-	SK-N-MC neuroblastoma	c-maf CIS3 TNF	gb|AF055377 |AF055377 gb|AB00696 7|AB006967 gb|AJ270944| HSA27094

			10).			
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The SUPT cell line is a human T-cell line).	SUPT	TNF VCAM	gb|AJ270944|HSA27094 gb|A30922|A30922
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The THP1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	CCR3 CD40 GATA3 ICAM IL5 Rag2 VCAM	gb|AB023887|AB023887 gb|AJ300189|HSA30018 gb|X55037|HSGATA3 gb|X06990|HSICAM1 gb|X12705|HSBCDFIA gb|AY011962|AY011962 gb|A30922|A30922
495	HSDSB09	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	IL1B	gb|X02532|HSIL1BR
596	HUKBT29	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer)	TF-1	p21	gb|BC000275

			such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to cancers involving erythrocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving erythrocytes. (The TF-1 cell line is a human erythroblast cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-2003).			|BC000275
596	HUKBT29	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading “Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(THe U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	p21	gb|BC000275 |BC000275
596	HUKBT29	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	CD69	gb|Z22576|HSCD69GNA
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(AOSMC cells are aortic smooth muscle cells).	AOSMC	TSP-1	gb|X04665|HSTHROMR

615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).	Daudi	ICAM PAI	gb|X06990|HSICAM1 gb|X12701|HSENDPAI
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The H9 cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-176).	H9	VCAM	gb|A30922|A30922
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the Cellular Level," and “Wound Healing and Epithelial Cell Proliferation."(The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	Flt1 iNOS	gb|AF063657|AF063657 gb|X85761|HSNOS2E3
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings “Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," “Diseases at the	HUVEC	Vegf1	gb|AF024710|AF024710

			Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(HUVEC cells are human umbilical vein endothelial cells).			
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."	Liver	Flt1 ICAM PAI VCAM	gb|AF063657 |AF063657 gb|X06990|H SICAM1 gb|X12701|H SENDPAI gb|A30922|A 30922
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The Molt4 cell line is a human T cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1582).	Molt4	VCAM	gb|A30922|A 30922
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(NHDF cells are normal human dermal fibroblasts).	NHDF	Vegf1	gb|AF024710 |AF024710
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the	THP1	Vegf1	gb|AF024710 |AF024710

			Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).			
615	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."(The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).	U937	ICAM Vegf1	gb|X06990|HSICAM1 gb|AF024710|AF024710
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders.(AOSMC cells are aortic smooth muscle cells).	AOSMC	Cyclin A1 DHFR	gb|U97680|HSU97680 gb|V00507|HSDHFR
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancer involving cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving the gastrointestinal tract.(The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	c-fos Cyclin A1	gb|BC004490|BC004490 gb|U97680|HSU97680
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as B-cells). Highly preferred embodiments of the	Daudi	Bax	gb|AF250190|AF250190

			invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving immune cells (such as B-cells).(The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).			
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of epithelial cells or cancers involving the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving epithelial cells or the renal system.(The 293 cell line human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	c-jun	gb|BC006175 |BC006175
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving endothelial cells.(HUVEC cells are human umbilical vein endothelial cells).	HUVEC	bcl-2 TAA6	gb|X06487|H SBCL2IG gb|I34297|I3 4297
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the hepatic system.	Liver	Cyclin D3 M1 RIBO R U66469 p53 regulated gene	gb|AR03483 2|AR034832 gb|X59543|H SRIREM1
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to cancers involving cells of the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or	NHDF	bcl-2 TAA6	gb|X06487|H SBCL2IG gb|I34297|I3 4297

			ameliorating cancer and hyperproliferative disorders involving skin cells.(NHDF cells are normal human dermal fibroblasts).			
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The THP-1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	DHFR M1 RIBO R	gb|V00507|HSDHFR gb|X59543|HSRIREM1
615	HWHGZ51	Cancer	Highly preferred indications include neoplastic diseases (e.g. cancer) such as described herein under the heading "Hyperproliferative Disordersî (particularly including, but not limited to, cancers of immune cells, such as monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating cancer and hyperproliferative disorders involving cells of the immune system (such as monocytes).(The U-937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2)	U937	Cyclin A1	gb|U97680|HSU97680
615	HWHGZ51	Diabetes	A highly preferred indication is diabetes. Additional highly preferred indications include complications associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel blockage), seizures, mental confusion, drowsiness, nonketotic hyperglycemic-hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis, microvascular disease, hypertension, stroke, and other diseases and disorders as described in the "Cardiovascular Disorders" section below), dyslipidemia, endocrine disorders (as described in the "Endocrine Disorders" section below), neuropathy, vision impairment	Liver	GAPDH	

			(e.g., diabetic retinopathy and blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin). Highly preferred indications also include obesity, weight gain, and weight loss, as well as complications associated with obesity, weight gain, and weight loss. Preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating the above mentioned conditions, disorders, and diseases.			
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving muscle tissues and the cardiovascular system (e.g. heart, lungs, circulatory system)). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving muscle tissue or the cardiovascular system). (AOSMC cells are human aortic smooth muscle cells).	AOSMC	CD30 Il6	gb|X04403|HS26KDAR
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the cells of the gastrointestinal tract). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the gastrointestinal tract). (The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-37).	Caco-2	Rag1	gb|M29474|HUMRAG1
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the B-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing,	Daudi	CIS3 CXCR3 ICAM	gb|AB006967|AB006967 gb|Z79783|HSCKRL2 gb|X06990|H

			treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving B-cells). (The Daudi cell line is a human B lymphoblast cell line available through the ~~ATCC~~ATCC™ as cell line number CCL-213).			SICAM1
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The H9 cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number HTB-176).	H9	IL5 VCAM VLA4	gb|X12705|HSBCDFIA gb|A30922|A30922 gb|X16983|HSINTAL4
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving epithelial cells or the renal system). (The 293 cell line is a human embryonal kidney epithelial cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1573).	HEK293	Rag1 TNF	gb|M29474|HUMRAG1 gb|AJ270944|HSA27094
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving endothelial cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving endothelial cells). (HUVEC cells are human umbilical vein endothelial cells).	HUVEC	CCR7 GATA3 TNF	gb|X84702|HSDNABLR2 gb|X55037|HSGATA3 gb|AJ270944|HSA27094
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-	Jurkat	Rag1 Rag2	gb|M29474|HUMRAG1

			Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Jurkat cell line is a human T lymphocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-152).			gb|AY011962|AY011962
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving cells of the hepatic system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving cells of the hepatic system).	Liver	CCR7 ICAM TNF VCAM	gb|X84702|HSDNABLR2 gb|X06990|HSICAM1 gb|AJ270944|HSA27094 gb|A30922|A30922
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The Molt-4 cell line is a human T-cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1582).	Molt4	CD25 TNF VCAM	gb|X03137|HSIL2RG7 gb|AJ270944|HSA27094 gb|A30922|A30922
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the skin). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the skin). (NHDF cells are normal human dermal fibroblasts).	NHDF	CCR7 CD40 GATA3 HLA-c TNF	gb|X84702|HSDNABLR2 gb|AJ300189|HSA30018 gb|X55037|HSGATA3 gb|AJ270944|HSA27094
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as	SK-N-MC	CIS3	gb|AB00696

			described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving the central nervous system). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving the central nervous sytem). (The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue and is available through the ~~ATCC~~ATCC™ as cell line number HTB-10).	neuroblastoma	LTBR Rag1	7|AB006967 gb|AK027080|AK027080 gb|M29474|HUMRAG1
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving T-cells). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving T-cells). (The SUPT cell line is a human T-cell line).	SUPT	CCR4 Rag1 TNF	gb|AB023888|AB023888 gb|M29474|HUMRAG1 gb|AJ270944|HSA27094
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving monocytes). (The THP1 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number TIB-202).	THP1	c-maf CCR7 CXCR3 IL5	gb|AF055377|AF055377 gb|X84702|HSDNABLR2 gb|Z79783|HSCKRL2 gb|X12705|HSBCDFIA
615	HWHGZ51	Immune	Highly preferred indications include immunological disorders such as described herein under the heading "Immune Activity" and/or "Blood-Related Disorders" (particularly including, but not limited to, immune disorders involving monocytes). Highly preferred embodiments of the invention include methods of preventing, detecting, diagnosing, treating and/or ameliorating disorders of the immune system (particularly including, but not limited to, immune disorders involving	U937	CD69 ICAM TNF	gb|Z22576|HSCD69GNA gb|X06990|HSICAM1 gb|AJ270944|HSA27094

			monocytes). (The U937 cell line is a human monocyte cell line available through the ~~ATCC~~ATCC™ as cell line number CRL-1593.2).			

Table 2 further characterizes certain encoded polypeptides of the invention, by providing the results of comparisons to protein and protein family databases. The first column provides a unique clone identifier, "Clone ID NO:", corresponding to a cDNA clone disclosed in Table 1A and/or Table 1B. The second column provides the unique contig identifier, "Contig ID:" which allows correlation with the information in Table 1B. The third column provides the sequence identifier, "SEQ ID NO:", for the contig polynucleotide sequences. The fourth column provides the analysis method by which the homology/identity disclosed in the Table was determined. The fifth column provides a description of the PFAM/NR hit identified by each analysis. Column six provides the accession number of the PFAM/NR hit disclosed in the fifth column. Column seven, score/percent identity, provides a quality score or the percent identity, of the hit disclosed in column five. Comparisons were made between polypeptides encoded by polynucleotides of the invention and a non-redundant protein database (herein referred to as "NR"), or a database of protein families (herein referred to as "PFAM"), as described below.

The NR database, which comprises the NBRF PIR database, the NCBI GenPept database, and the SIB SwissProt and TrEMBL databases, was made non-redundant using the computer program nrdb2 (Warren Gish, Washington University in Saint Louis). Each of the polynucleotides shown in Table 1B, column 3 (e.g., SEQ ID NO:X or the 'Query' sequence) was used to search against the NR database. The computer program BLASTX was used to compare a 6-frame translation of the Query sequence to the NR database (for information about the BLASTX algorithm please see Altshul et al., J. Mol. Biol. 215:403-410 (1990), and Gish and States, Nat. Genet. 3:266-272 (1993). A description of the sequence that is most similar to the Query sequence (the highest scoring 'Subject') is shown in column five of Table 2 and the database accession number for that sequence is provided in column six. The highest scoring 'Subject' is reported in Table 2 if (a) the estimated probability that the match occurred by chance alone is less than 1.0e-07, and (b) the match was not to a known repetitive element. BLASTX returns alignments of short polypeptide segments of the Query and Subject sequences which share a high degree of similarity; these segments are known as High-Scoring Segment Pairs or HSPs. Table 2 reports the degree of similarity between the Query and the Subject for each HSP as a percent identity in Column 7. The percent identity is determined by dividing the number of exact matches between the two aligned sequences in the HSP, dividing by the number of Query amino acids in the HSP and multiplying by 100. The polynucleotides of SEQ ID NO:X which encode the polypeptide sequence that generates an HSP are delineated by columns 8 and 9 of Table 2.

The PFAM database, PFAM version 2.1, (Sonnhammer, Nucl. Acids Res., 26:320-322, 1998))consists of a series of multiple sequence alignments; one alignment for each protein family. Each multiple sequence alignment is converted into a probability model called a Hidden Markov

Model, or HMM, that represents the position-specific variation among the sequences that make up the multiple sequence alignment (see, e.g., Durbin, et al., *Biological sequence analysis: probabilistic models of proteins and nucleic acids*, Cambridge University Press, 1998 for the theory of HMMs). The program HMMER version 1.8 (Sean Eddy, Washington University in Saint Louis) was used to compare the predicted protein sequence for each Query sequence (SEQ ID NO:Y in Table 1B.1) to each of the HMMs derived from PFAM version 2.1. A HMM derived from PFAM version 2.1 was said to be a significant match to a polypeptide of the invention if the score returned by HMMER 1.8 was greater than 0.8 times the HMMER 1.8 score obtained with the most distantly related known member of that protein family. The description of the PFAM family which shares a significant match with a polypeptide of the invention is listed in column 5 of Table 2, and the database accession number of the PFAM hit is provided in column 6. Column 7 provides the score returned by HMMER version 1.8 for the alignment. Columns 8 and 9 delineate the polynucleotides of SEQ ID NO:X which encode the polypeptide sequence which show a significant match to a PFAM protein family.

As mentioned, columns 8 and 9 in Table 2, "NT From" and "NT To", delineate the polynucleotides of "SEQ ID NO:X" that encode a polypeptide having a significant match to the PFAM/NR database as disclosed in the fifth column. In one embodiment, the invention provides a protein comprising, or alternatively consisting of, a polypeptide encoded by the polynucleotides of SEQ ID NO:X delineated in columns 8 and 9 of Table 2. Also provided are polynucleotides encoding such proteins, and the complementary strand thereto.

The nucleotide sequence SEQ ID NO:X and the translated SEQ ID NO:Y are sufficiently accurate and otherwise suitable for a variety of uses well known in the art and described further below. For instance, the nucleotide sequences of SEQ ID NO:X are useful for designing nucleic acid hybridization probes that will detect nucleic acid sequences contained in SEQ ID NO:X or the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z. These probes will also hybridize to nucleic acid molecules in biological samples, thereby enabling immediate applications in chromosome mapping, linkage analysis, tissue identification and/or typing, and a variety of forensic and diagnostic methods of the invention. Similarly, polypeptides identified from SEQ ID NO:Y may be used to generate antibodies which bind specifically to these polypeptides, or fragments thereof, and/or to the polypeptides encoded by the cDNA clones identified in, for example, Table 1A and/or 1B.

Nevertheless, DNA sequences generated by sequencing reactions can contain sequencing errors. The errors exist as misidentified nucleotides, or as insertions or deletions of nucleotides in the generated DNA sequence. The erroneously inserted or deleted nucleotides cause frame shifts in the reading frames of the predicted amino acid sequence. In these cases, the predicted amino acid sequence diverges from the actual amino acid sequence, even though the generated DNA

sequence may be greater than 99.9% identical to the actual DNA sequence (for example, one base insertion or deletion in an open reading frame of over 1000 bases).

Accordingly, for those applications requiring precision in the nucleotide sequence or the amino acid sequence, the present invention provides not only the generated nucleotide sequence identified as SEQ ID NO:X, and a predicted translated amino acid sequence identified as SEQ ID NO:Y, but also a sample of plasmid DNA containing cDNA ~~ATCC~~ATCC™ Deposit No:Z (e.g., as set forth in columns 2 and 3 of Table 1A and/or as set forth, for example, in Table 1B, 6, and 7). The nucleotide sequence of each deposited clone can readily be determined by sequencing the deposited clone in accordance with known methods. Further, techniques known in the art can be used to verify the nucleotide sequences of SEQ ID NO:X. The predicted amino acid sequence can then be verified from such deposits. Moreover, the amino acid sequence of the protein encoded by a particular clone can also be directly determined by peptide sequencing or by expressing the protein in a suitable host cell containing the deposited human cDNA, collecting the protein, and determining its sequence.

Table 2

cDNA Clone ID	Contig ID:	SEQ ID NO:X	Analysis Method	PFam/NR Description	PFam/NR Accession Number	Score/ Percent Identity	NT From	NT To
H2CBG48	745365	11	WUblastx .64	(AAM07193) Cell surface protein.	AAM07193	35% 33%	465 19	557 306
H6EAB28	1352227	13	WUblastx .64	(Q99LL3) CHONDROITIN 4-SULFOTRANSFERASE 2.	Q99LL3	68% 89%	115 411	396 1355
H6EAB28	589947	632	WUblastx .64	(Q9NXY7) CHONDROITIN 4-O-SULFOTRANSFERASE (CHONDROITIN 4-O-SULFOTRANS	Q9NXY7	85% 98% 82%	1123 1194 116	1206 1352 1132
HACBD91	637482	16	WUblastx .64	NADH dehydrogenase (ubiquinone) (EC 1.6.5.3) chain NDUFB4 - human	pir|JE0383|JE0383	100% 95%	211 1306	357 1368
HACCI17	891114	17	HMMER 2.1.1	PFAM: PMP-22/EMP/MP20/Claudin family	PF00822	142.7	470	1003
			WUblastx .64	(Q8WUW3) Hypothetical 27.7 kDa protein (Fragment).	Q8WUW3	100%	317	1114
HACCI17	731877	633	HMMER 2.1.1	PFAM: PMP-22/EMP/MP20/Claudin family	PF00822	35.6	144	329

			WUblastx .64	(Q8WUW3) Hypothetical 27.7 kDa protein (Fragment).	Q8WUW3	80% 57% 90% 30% 75% 100%	24 454 1 66 535 311	329 495 96 296 786 619
HADAO89	570689	18	WUblastx .64	(Q9P147) PRO2822.	Q9P147	72%	1100	885
HAGAI85	381942	19	WUblastx .64	(O15432) PROBABLE LOW-AFFINITY COPPER UPTAKE PROTEIN 2 (HCT	COP2_HUMAN	100% 96%	91 228	234 518
HAGAN21	1026956	21	WUblastx .64	(Q96NR6) CDNA FLJ30278 fis, clone BRACE2002755.	Q96NR6	44%	527	835
HAGAN21	902025	637	WUblastx .64	hypothetical protein DKFZp586P2219.1 - human (fragment)	pir|T08762|T08762	57% 100%	549 283	472 167
HAGBZ81	456414	22	WUblastx .64	(Q9H291) JUNCTATE.	Q9H291	85% 77%	183 26	329 199
HAGDG59	534165	23	HMMER 2.1.1	PFAM: short chain dehydrogenase	PF00106	182.2	232	795
			WUblastx .64	(Q9UKU4) RETINAL SHORT-CHAIN DEHYDROGENASE/REDUCTASE RETSDR2.	Q9UKU4	100%	124	1023
HAGFY16	778820	27	WUblastx .64	(Q9BT67) UNKNOWN (PROTEIN FOR MGC:10924).	Q9BT67	100% 72% 100%	183 229 338	221 402 844
HAGFY16	381964	638	WUblastx	(Q9BT67) UNKNOWN	Q9BT67	86%	60	104

			.64	(PROTEIN FOR MGC:10924).		99%	106	720
HAHDB16	635412	28	WUblastx .64	(Q9GMK2) HYPOTHETICAL 10.0 KDA PROTEIN.	Q9GMK2	75% 69%	641 762	522 634
HAHDR32	635357	29	WUblastx .64	(Q9HBU9) POPEYE PROTEIN 2.	Q9HBU9	84%	77	811
HAIBP89	727543	31	WUblastx .64	(Q96G79) Similar to RIKEN cDNA 2610030J16 gene.	Q96G79	99%	290	1261
HAICP19	422672	32	WUblastx .64	(Q9H173) SIL1 PROTEIN PRECURSOR.	Q9H173	100%	83	1465
HAJBR69	638516	35	WUblastx .64	(Q9JIG5) UBIQUITIN SPECIFIC PROTEASE (FRAGMENT).	Q9JIG5	69%	677	48
HAJBZ75	618530	36	WUblastx .64	hypothetical protein DKFZp564D116.1 - human (fragment)	pir|T08708|T08708	99%	25	1869
HAMGG68	731859	38	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	71% 44% 57% 70% 56% 64%	984 1454 1457 1458 726 857	859 1401 1416 1429 658 636
HANGG89	852533	640	WUblastx .64	(AAH00634) Reticulon 3.	AAH00634	99%	59	418
HANGG89	844216	641	WUblastx .64	(AAH08720) Unknown (protein for MGC:8447).	AAH08720	83% 51%	70 490	1017 1068
HANGG89	692291	642	WUblastx .64	(AAH08720) Unknown (protein for MGC:8447).	AAH08720	99% 40%	75 70	1310 198

HAPBS03	656755	40	WUblastx .64	(Q99KG1) SIMILAR TO HETEROGENEOUS NUCLEAR RIBONUCLEOPROTEIN R (FRAGME	Q99KG1	51% 85% 62%	59 593 643	175 655 777
HAPPW30	1352278	43	WUblastx .64	(Q8WUJ1) Hypothetical 28.7 kDa protein.	Q8WUJ1	100%	59	850
HAPPW30	684272	643	WUblastx .64	(Q8WUJ1) Hypothetical 28.7 kDa protein.	Q8WUJ1	100% 36% 100%	54 982 266	263 1056 844
HAPQT22	587601	44	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	53% 69%	634 606	590 439
HAPUC89	834358	45	WUblastx .64	(Q9BUM1) UNKNOWN (PROTEIN FOR IMAGE:3050476) (FRAGMENT).	Q9BUM1	99%	109	804
HASAV70	1300782	46	WUblastx .64	(Q9NY08) 19A PROTEIN.	Q9NY08	82%	7	423
HASAV70	381953	644	WUblastx .64	(Q9NY08) 19A PROTEIN.	Q9NY08	100%	4	432
HATAC53	1352276	48	WUblastx .64	(Q8WUN9) Hypothetical 29.4 kDa protein (Fragment).	Q8WUN9	99%	64	840
HATAC53	667830	645	WUblastx .64	(Q8WUN9) Hypothetical 29.4 kDa protein (Fragment).	Q8WUN9	98% 66%	66 516	593 665
HATBR65	635514	49	WUblastx .64	(Q96NR6) CDNA FLJ30278 fis, clone BRACE2002755.	Q96NR6	42% 64%	750 617	806 751

HATCP77	748244	51	WUblastx .64	(Q9Y691) MAXIK CHANNEL BETA 2 SUBUNIT (LARGE CONDUCTANCE CALCIUM-ACTI	Q9Y691	100%	10	582
HBAFJ33	625916	53	WUblastx .64	(Q9GZR7) HYPOTHETICAL 96.3 KDA PROTEIN (ATP-DEPENDENT RNA HELICASE) (	Q9GZR7	96%	672	950
HBAFV19	843036	54	WUblastx .64	(Q9H068) HYPOTHETICAL 69.9 KDA PROTEIN.	Q9H068	100%	3	779
HBCPB32	1352403	56	WUblastx .64	(Q96EP9) Unknown (protein for IMAGE:3502817) (Fragment).	Q96EP9	92% 100%	680 1	844 690
HBCPB32	1045580	646	HMMER 2.1.1	PFAM: Sodium Bile acid symporter family	PF01758	41.2	87	-230
			WUblastx .64	(Q96EP9) Unknown (protein for IMAGE:3502817) (Fragment).	Q96EP9	100%	2	589
HBCQL32	1027748	647	WUblastx .64	(AAH08044) Unknown (protein for MGC:16063).	AAH08044	100%	102	182
HBGNU56	1352412	58	WUblastx .64	(Q96DB9) FXYD domain-containing ion transport regulator 5 p	FXY5_HUMAN	100%	125	637
HBGNU56	1094642	648	HMMER 2.1.1	PFAM: ATP1G1/PLM/MAT8	PF02038	70.5	475	609

				family				
			WUblastx .64	(Q96DB9) FXYD domain-containing ion transport regulator 5 p	FXY5_HUMAN	100%	79	612
HBGNU56	1050255	649	HMMER 2.1.1	PFAM: ATP1G1/PLM/MAT8 family	PF02038	70.5	521	655
			WUblastx .64	(Q96DB9) FXYD domain-containing ion transport regulator 5 p	FXY5_HUMAN	100%	125	658
HBHMA23	848016	60	WUblastx .64	(AAM00283) Von Ebner minor protein.	AAM00283	100% 99%	643 71	1035 649
HBHMA23	699815	650	WUblastx .64	(AAM00283) Von Ebner minor protein.	AAM00283	100% 92% 97% 94%	70 907 641 261	273 1032 916 647
HBIMB51	963208	61	WUblastx .64	(Q969E3) Urocortin III (Stresscopin).	Q969E3	99%	98	535
HBIMB51	672711	651	WUblastx .64	(Q924A4) Urocortin III.	Q924A4	61% 64%	296 93	517 302
HBINS58	1352386	62	WUblastx .64	(Q9D6W7) 2310047N01RIK PROTEIN.	Q9D6W7	81%	57	578
HBINS58	961712	652	WUblastx .64	(Q9D6W7) 2310047N01RIK PROTEIN.	Q9D6W7	80%	71	589
HBINS58	892924	653	WUblastx .64	(Q9D6W7) 2310047N01RIK PROTEIN.	Q9D6W7	79%	100	579
HBJFU48	460392	63	WUblastx	(Q9P195) PRO1722.	Q9P195	63%	716	660

			.64			73% 64%	819 667	718 533
HBJLF01	732111	66	HMMER 2.1.1	PFAM: Transmembrane 4 family	PF00335	131.8	223	891
			WUblastx .64	(AAH24685) Similar to transmembrane 4 superfamily m	AAH24685	93%	133	948
HBJNC59	1125802	68	WUblastx .64	complement subcomponent C1q chain A precursor [validated] - human	pir|S14350|C1HUQA	100%	66	800
HBJNC59	899397	654	HMMER 2.1.1	PFAM: Collagen triple helix repeat (20 copies)	PF01391	30.1	144	245
			WUblastx .64	(Q9H2L7) DC33.	Q9H2L7	79%	77	907
HBJNC59	902207	655	HMMER 2.1.1	PFAM: C1q domain	PF00386	250.2	409	786
			WUblastx .64	complement subcomponent C1q chain A precursor [validated] - human	pir|S14350|C1HUQA	100%	64	798
HBOEG11	1300752	71	WUblastx .64	(O76076) CONNECTIVE TISSUE GROWTH FACTOR-LIKE PROTEIN PRECURSOR (BA44	O76076	75%	57	806
HBOEG11	1121709	656	HMMER 2.1.1	PFAM: Insulin-like growth factor binding proteins	PF00219	45.4	128	340
			WUblastx	(O76076) CONNECTIVE	O76076	100%	53	802

			.64	TISSUE GROWTH FACTOR-LIKE PROTEIN PRECURSOR (BA44				
HBOEG11	1049830	657	HMMER 2.1.1	PFAM: Insulin-like growth factor binding proteins	PF00219	45.4	122	334
			WUblastx .64	(O76076) CONNECTIVE TISSUE GROWTH FACTOR-LIKE PROTEIN PRECURSOR (BA44	O76076	100%	47	796
HBOEG69	793786	72	WUblastx .64	(Q9NS11) LIPOPOLYSACCHARIDE SPECIFIC RESPONSE-68 PROTEIN.	Q9NS11	71% 100%	424 345	314 196
HBXFL29	842802	73	WUblastx .64	(Q8WYF7) POB1.	Q8WYF7	99%	4	1008
HCACU58	625923	74	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	69%	548	820
HCACV51	1306706	75	WUblastx .64	(Q99LM9) UNKNOWN (PROTEIN FOR MGC:8251).	Q99LM9	85%	8	1009
HCACV51	598022	658	WUblastx .64	(Q96BN2) Similar to RIKEN cDNA 2900026B15 gene.	Q96BN2	97% 91%	13 323	312 1015
HCE1Q89	520329	77	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	86% 61% 65%	590 645 859	525 592 683

HCE2F54	634016	78	HMMER 2.1.1	PFAM: Histone-like transcription factor (CBF/NF-Y) and archaeal histone	PF00808	19	868	1005
			WUblastx .64	(AAH07642) Unknown (protein for IMAGE:3534358) (Fra	AAH07642	82%	298	1122
HCEFB80	1143407	79	WUblastx .64	(Q96FR3) Unknown (protein for MGC:18083).	Q96FR3	100%	1785	1979
HCEFB80	1046853	659	WUblastx .64	(Q96FR3) Unknown (protein for MGC:18083).	Q96FR3	100%	1777	1971
HCEGR33	425212	80	WUblastx .64	(Q9H743) CDNA: FLJ21394 FIS, CLONE COL03536.	Q9H743	51% 42% 58%	1002 1379 907	1079 1492 993
HCEMP62	684780	81	WUblastx .64	(Q8WZ37) Hypothetical 43.7 kDa protein.	Q8WZ37	75% 78% 41% 94%	484 88 1 870	897 459 183 926
HCEWE17	941941	83	WUblastx .64	(Q9H310) RH TYPE B GLYCOPROTEIN.	Q9H310	95% 100% 92%	9 425 444	341 463 566
HCEWE17	893535	661	WUblastx .64	(Q9H310) RH TYPE B GLYCOPROTEIN.	Q9H310	78% 75% 100% 100%	467 695 676 3	580 730 714 482
HCEWE17	460407	662	WUblastx .64	(Q9H310) RH TYPE B GLYCOPROTEIN.	Q9H310	96%	7	105
HCEWE20	543370	84	WUblastx .64	(Q9P1J1) PRO1546.	Q9P1J1	76% 79%	501 601	551 717
HCFOM18	553582	88	WUblastx	(Q9H728) CDNA:	Q9H728	60%	621	490

			.64	FLJ21463 FIS, CLONE COL04765.				
HCHNF25	1352270	89	WUblastx .64	(AAL76113) Androgen-induced basic leucine zipper.	AAL76113	99% 64% 24%	3069 3371 622	2188 2811 425
HCHNF25	658672	663	WUblastx .64	(AAH00499) Jumping translocation breakpoint.	AAH00499	91%	180	620
HCNSM70	637547	95	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	32	224	481
			WUblastx .64	(O60487) EPITHELIAL V-LIKE ANTIGEN PRECURSOR (EPITHELIAL V-LIKE ANTIG	O60487	98%	107	751
HCNSM70	589445	665	WUblastx .64	(O60487) EPITHELIAL V-LIKE ANTIGEN PRECURSOR (EPITHELIAL V-LIKE ANTIG	O60487	100% 99%	161 408	409 806
HCOOS80	1134974	96	WUblastx .64	(O14641) SEGMENT POLARITY PROTEIN DISHEVELLED HOMOLOG DVL-2	DVL2_HUMAN	100%	8	637
HCOOS80	1045182	666	WUblastx .64	(O14641) SEGMENT POLARITY PROTEIN DISHEVELLED HOMOLOG DVL-2	DVL2_HUMAN	100%	21	683
HCOOS80	1045183	667	WUblastx .64	(O14641) SEGMENT POLARITY PROTEIN DISHEVELLED	DVL2_HUMAN	94% 91%	65 1	115 69

				HOMOLOG DVL-2				
HCUCK44	720291	98	WUblastx .64	hypothetical protein DKFZp564J157.1 - human (fragment)	pir|T34520|T34520	97%	21	524
HCUEO60	499242	99	WUblastx .64	(Q96MM0) CDNA FLJ32172 fis, clone PLACE6000555.	Q96MM0	79% 72%	1043 1222	972 1028
HCUHK65	651313	100	WUblastx .64	(Q9H3W5) HYPOTHETICAL 79.4 KDA PROTEIN.	Q9H3W5	100%	11	316
HCUHK65	880178	668	HMMER 2.1.1	PFAM: Leucine Rich Repeat	PF00560	92.1	1190	1261
			WUblastx .64	(Q9H3W5) HYPOTHETICAL 79.4 KDA PROTEIN.	Q9H3W5	100%	770	2893
HCWEB58	1352416	102	WUblastx .64	(Q92WW6) Putative sensor histidine kinase protein.	Q92WW6	41% 45% 38%	264 166 301	335 231 1167
HCWEB58	1115089	669	HMMER 2.1.1	PFAM: Domain found in bacterial signal proteins	PF00672	40.4	442	651
			WUblastx .64	sensor histidine kinase [imported] - Caulobacter crescentus	pir|A87396|A87396	36% 31%	379 268	915 363
HCWEB58	889268	670	HMMER 2.1.1	PFAM: Domain found in bacterial signal proteins	PF00672	41.6	350	559
			WUblastx .64	sensor histidine kinase [imported] - Caulobacter crescentus	pir|A87396|A87396	36% 31%	287 176	823 271
HCWGU37	1042325	103	WUblastx .64	(O60448) NEURONAL THREAD PROTEIN	O60448	43% 75%	2724 2373	2371 2326

				AD7C-NTP.		63% 65%	2776 2758	2447 2579
HCWKC15	553621	104	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	77% 56% 63%	538 710 708	419 663 532
HCWUM50	639037	106	WUblastx .64	(Q9NWD1) HYPOTHETICAL 61.6 KDA PROTEIN.	Q9NWD1	94% 73%	2 1103	175 1303
HCYBG92	598019	107	WUblastx .64	(Q9UPI3) HYPOTHETICAL 57.2 KDA PROTEIN.	Q9UPI3	100%	76	939
HDABR72	1301517	108	WUblastx .64	(Q9BTK4) UNKNOWN (PROTEIN FOR MGC:4663).	Q9BTK4	100%	695	886
HDABR72	748225	672	HMMER 2.1.1	PFAM: Cytochrome P450	PF00067	21.7	145	282
			WUblastx .64	(Q9BTK4) UNKNOWN (PROTEIN FOR MGC:4663).	Q9BTK4	100%	690	881
HDHEB60	499233	109	WUblastx .64	(Q9Y5Y5) PEROXISOMAL BIOGENESIS FACTOR 16.	Q9Y5Y5	81%	277	1284
HDHIA94	765171	110	HMMER 2.1.1	PFAM: Sodium/calcium exchanger protein	PF01699	121.4	178	615
			WUblastx .64	(Q9HC58) SODIUM/CALCIUM EXCHANGER NCKX3.	Q9HC58	90%	10	657
HDHIA94	637576	673	HMMER 2.1.1	PFAM: Sodium/calcium exchanger protein	PF01699	22.9	187	273

HDHMA72	547772	111	WUblastx .64	(Q8WVP7) Hypothetical 55.1 kDa protein.	Q8WVP7	28% 95% 50% 99%	3700 761 1019 2	3891 1168 1231 592
HDLAC10	692299	112	WUblastx .64	(Q9UBJ4) TRANSPOSASE-LIKE PROTEIN.	Q9UBJ4	99%	29	1378
HDPBI32	1352360	114	WUblastx .64	(O88407) NEURAL MEMBRANE PROTEIN 35.	O88407	92%	37	984
HDPBI32	862851	674	WUblastx .64	(O88407) NEURAL MEMBRANE PROTEIN 35.	O88407	95% 89%	599 103	1051 603
HDPBI32	590733	675	HMMER 2.1.1	PFAM: Uncharacterized protein family	PF01027	126.8	51	461
HDPBQ71	1160316	115	WUblastx .64	(Q9BRE2) HYPOTHETICAL 68.4 KDA PROTEIN (FRAGMENT).	Q9BRE2	100%	90	1928
HDPBQ71	727200	676	WUblastx .64	(Q9BRE2) HYPOTHETICAL 68.4 KDA PROTEIN (FRAGMENT).	Q9BRE2	99%	21	1859
HDPBQ71	886067	677	WUblastx .64	(Q9H2V9) CDA08.	Q9H2V9	100% 65% 44% 21% 93%	1532 169 182 1456 186	1999 264 322 1551 1541
HDPCJ91	740748	116	WUblastx .64	(Q9H387) PRO2550.	Q9H387	53% 56%	2369 2377	2407 2676

HDPCY37	837699	118	HMMER 2.1.1	PFAM: Glycosyl hydrolase family 47	PF01532	627.5	199	1521
			WUblastx .64	(Q9H886) CDNA FLJ13869 FIS, CLONE THYRO1001287, WEAKLY SIMILAR TO MAN	Q9H886	99%	76	1809
HDPCY37	604114	678	HMMER 2.1.1	PFAM: Glycosyl hydrolase family 47	PF01532	324	199	834
			WUblastx .64	(Q9H886) CDNA FLJ13869 FIS, CLONE THYRO1001287, WEAKLY SIMILAR TO MAN	Q9H886	97% 99%	76 813	840 1808
HDPFB02	898208	119	WUblastx .64	(Q9BXR1) COSTIMULATORY MOLECULE.	Q9BXR1	98% 97% 97% 76%	146 877 495 568	499 1749 620 900
HDPFB02	1056541	679	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	53.2	610	804
			WUblastx .64	(Q9BXR1) COSTIMULATORY MOLECULE.	Q9BXR1	99%	139	1086
HDPFB02	997408	680	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	26.9	305	562
			WUblastx .64	(Q9HD18) TRANSMEMBRANE PROTEIN B7-H2 ICOS LIGAND (B7-RELATED PROTEIN-	Q9HD18	99%	218	1123

HDPFF39	588697	120	WUblastx .64	(O96005) CLEFT LIP AND PALATE TRANSMEMBRANE PROTEIN 1.	O96005	100% 100%	3 97	29 762
HDPGP94	823355	123	WUblastx .64	(Q14288) HYPOTHETICAL PROTEIN (FRAGMENT).	Q14288	47% 88% 48% 28% 39% 35% 27%	614 1297 909 1767 1093 1275 2282	216 1271 700 1537 890 1090 2082
HDPJF37	704487	125	WUblastx .64	(Q9BSQ8) UNKNOWN (PROTEIN FOR IMAGE:3510191) (FRAGMENT).	Q9BSQ8	94% 36% 93%	105 158 19	650 718 153
HDPMM88	972734	126	HMMER 2.1.1	PFAM: E1-E2 ATPase	PF00122	31	475	543
			WUblastx .64	(P98198) POTENTIAL PHOSPHOLIPID-TRANSPORTING ATPASE ID (EC	AT1D_HUMAN	68% 32%	106 2917	2907 2991
HDPMM88	906121	681	WUblastx .64	(Q96NQ7) CDNA FLJ30324 fis, clone BRACE2007138, weakly similar to PRO	Q96NQ7	50% 76%	356 3	403 365
HDPMM88	902299	682	WUblastx .64	(P98199) POTENTIAL PHOSPHOLIPID-TRANSPORTING ATPASE ID (EC	AT1D_MOUSE	73%	2	172
HDPMM88	885059	683	WUblastx	(AAH07837) Unknown	AAH07837	75%	63	16

			.64	(protein for IMAGE:4111596) (Fra		69%	598	62
HDPMM88	874074	684	WUblastx .64	(P98198) POTENTIAL PHOSPHOLIPID-TRANSPORTING ATPASE ID (EC	AT1D_HUMAN	65%	1023	1
HDPNC61	637585	127	WUblastx .64	(Q8WY51) HC6.	Q8WY51	52% 64%	654 37	827 78
HDPND46	637586	128	WUblastx .64	(Q9BR26) DJ257E24.3 (NOVEL PROTEIN) (FRAGMENT).	Q9BR26	81%	12	1466
HDPOE32	897276	129	WUblastx .64	(Q9BW48) MY047 PROTEIN.	Q9BW48	98%	64	345
HDPOH06	683371	130	HMMER 2.1.1	PFAM: Uncharacterized membrane protein family	PF01554	90.8	255	596
			WUblastx .64	(Q96FL8) Hypothetical 61.9 kDa protein.	Q96FL8	99%	18	977
HDPOZ56	1352319	131	WUblastx .64	(BAB84923) FLJ00168 protein (Fragment).	BAB84923	100%	28	1791
HDPOZ56	815653	687	HMMER 2.1.1	PFAM: Flavin containing amine oxidase	PF01593	431.1	307	1614
			WUblastx .64	(BAB84923) FLJ00168 protein (Fragment).	BAB84923	99%	40	1800
HDPOZ56	743479	688	HMMER 2.1.1	PFAM: Flavin containing amine oxidase	PF01593	185.2	200	949
			WUblastx .64	(BAB84923) FLJ00168 protein (Fragment).	BAB84923	98% 99% 100%	197 952 2	958 1647 202
HDPSP54	744440	132	WUblastx .64	(BAB85063) CDNA FLJ23790 fis, clone	BAB85063	99%	2	307

				HEP21466.				
HDPTD15	692917	133	WUblastx .64	(Q9BU29) UNKNOWN (PROTEIN FOR IMAGE:3954899) (FRAGMENT).	Q9BU29	97%	937	833
HDPTK41	744824	134	WUblastx .64	(BAB11849) MOP-2.	BAB11849	97% 94%	1013 102	1126 1025
HDPUG50	684120	135	WUblastx .64	(Q9BVK2) UNKNOWN (PROTEIN FOR MGC:2840).	Q9BVK2	96%	55	1599
HDPUH26	866433	136	WUblastx .64	(Q8VHE7) Hypothetical 67.5 kDa protein.	Q8VHE7	80% 69%	261 162	1733 290
HDPUW68	812737	137	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	38.9	844	1005
			WUblastx .64	(Q9Y286) QA79 MEMBRANE PROTEIN, ALLELIC VARIANT AIRM-1B PRECURSOR.	Q9Y286	100%	40	1440
HDPVH60	796865	138	WUblastx .64	(BAB55096) CDNA FLJ14508 fis, clone NT2RM1000421, w	BAB55096	95% 38% 58% 88% 40% 29% 31% 42% 38% 27% 42% 24%	235 288 244 288 456 1215 1389 238 1607 798 1317 1604	294 473 294 1610 521 1487 1607 294 1861 1544 1478 2017

						30% 25% 27% 86% 29% 35% 42%	1613 1607 1658 1580 1628 1200 238	1903 1906 2032 2077 1903 1598 294
HDPVW11	1036997	139	HMMER 2.1.1	PFAM: AMP-binding enzyme	PF00501	30.2	913	1344
			WUblastx .64	(Q9BTY5) UNKNOWN (PROTEIN FOR MGC:4365).	Q9BTY5	52% 27% 86% 30% 73%	1344 1096 1924 6 13	1991 1332 2097 200 1647
HDPVW11	896530	690	WUblastx .64	(Q9BTY5) UNKNOWN (PROTEIN FOR MGC:4365).	Q9BTY5	84%	2	397
HDPWN93	992925	140	WUblastx .64	(AAH25255) Similar to hypothetical protein FLJ21347	AAH25255	99%	45	2450
HDPWN93	887914	691	WUblastx .64	(AAH25255) Similar to hypothetical protein FLJ21347	AAH25255	97% 68%	35 619	661 714
HDPWN93	905983	692	WUblastx .64	(Q9H747) CDNA: FLJ21347 FIS, CLONE COL02724.	Q9H747	68% 99%	27 205	155 2487
HDPWU34	630354	141	HMMER 2.1.1	PFAM: POT family	PF00854	77.2	432	857
			WUblastx .64	(Q9P2X9) PEPTIDE TRANSPORTER 3.	Q9P2X9	100%	3	1091

HDQHD03	1309175	142	WUblastx .64	(AAH25621) Hypothetical 137.4 kDa protein (Fragment	AAH25621	86%	520	1263
HDQHD03	834692	694	HMMER 2.1.1	PFAM: Cyclic nucleotide-binding domain	PF00027	44.3	709	870
			WUblastx .64	(AAH25621) Hypothetical 137.4 kDa protein (Fragment	AAH25621	84%	505	1248
HDTBD53	972757	143	WUblastx .64	(Q9BTV4) UNKNOWN (PROTEIN FOR MGC:3222).	Q9BTV4	100%	183	1382
HDTBD53	906342	695	WUblastx .64	(Q9BTV4) UNKNOWN (PROTEIN FOR MGC:3222).	Q9BTV4	99%	187	1386
HDTBP04	1307742	144	WUblastx .64	(Q9D5J3) 4930432K09RIK PROTEIN.	Q9D5J3	38%	70	720
HDTBP04	543618	696	WUblastx .64	(Q9D5J3) 4930432K09RIK PROTEIN.	Q9D5J3	38%	65	718
HDTDQ23	1306984	145	WUblastx .64	calcium-binding protein (clone pMP41) - mouse (fragment)	pir|S04970|S04970	100%	1611	1709
HDTDQ23	879009	697	WUblastx .64	calcium-binding protein (clone pMP41) - mouse (fragment)	pir|S04970|S04970	100%	1623	1721
HDTDQ23	751707	698	WUblastx .64	calcium-binding protein (clone pMP41) - mouse (fragment)	pir|S04970|S04970	100%	1623	1721
HDTFE17	1043391	148	WUblastx	(Q9UJU8) JM24	Q9UJU8	100%	14	118

			.64	PROTEIN (FRAGMENT).		84% 100%	955 343	1089 705
HDTFE17	874477	702	WUblastx .64	(Q8WYU2) Hypothetical 44.0 kDa protein.	Q8WYU2	100% 45% 72%	8 554 337	112 622 612
HDTFE17	892317	703	HMMER 2.1.1	PFAM: Transmembrane amino acid transporter protein	PF01490	86.4	116	481
			WUblastx .64	(Q8WYU2) Hypothetical 44.0 kDa protein.	Q8WYU2	100% 97%	457 33	672 461
HDTIT10	839264	150	HMMER 2.1.1	PFAM: Phosphatidylethanolamine -binding protein	PF01161	50.9	463	621
			WUblastx .64	(Q96DV4) Similar to RIKEN cDNA 4733401F03 gene.	Q96DV4	100% 82%	819 352	911 858
HDTIT10	834697	704	WUblastx .64	(Q96DV4) Similar to RIKEN cDNA 4733401F03 gene.	Q96DV4	98%	343	903
HDTMK50	1011485	151	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	64% 72%	1119 1351	1045 1121
HE2DY70	722217	152	WUblastx .64	(Q9BS33) SIMILAR TO HYPOTHETICAL PROTEIN FLJ11218.	Q9BS33	100%	9	167
HE2FV03	396139	155	WUblastx .64	(Q8WX31) BA382H24.3 (multiple PDZ domain protein) (Fragment).	Q8WX31	73%	281	805
HE2NV57	740750	156	WUblastx .64	(Q9UGV6) BK445C9.3 (HIGH-MOBILITY	Q9UGV6	31% 66%	321 71	866 106

				GROUP (NONHISTONE CHROMOSOMAL) PROT				
HE2PD49	638617	157	WUblastx .64	(Q9BSR6) SIMILAR TO RIKEN CDNA 2410018G23 GENE.	Q9BSR6	100%	403	849
HE8DS15	847060	160	WUblastx .64	(Q9WVT0) SEVEN TRANSMEMBRANE RECEPTOR.	Q9WVT0	80% 24% 87%	1 48 269	270 146 985
HE8MH91	589450	161	WUblastx .64	(Q9H8Z4) CDNA FLJ13121 FIS, CLONE NT2RP3002687.	Q9H8Z4	98%	9	410
HE8QV67	1050076	162	WUblastx .64	(BAB55430) CDNA FLJ14978 fis, clone VESEN1000122.	BAB55430	100% 31% 100% 96% 96% 98%	321 487 1 1403 577 800	425 600 201 1684 729 1108
HE8QV67	1050077	707	WUblastx .64	(BAB55430) CDNA FLJ14978 fis, clone VESEN1000122.	BAB55430	100% 86% 30% 30% 99%	1500 3 109 1366 334	1988 206 246 1455 1500
HE9BK23	675382	163	HMMER 2.1.1	PFAM: Fibrinogen beta and gamma chains, C-terminal globular domain	PF00147	77.2	762	959
			WUblastx .64	(Q9Y5C1) ANGIOPOIETIN 5.	Q9Y5C1	100% 92%	958 39	1419 959
HE9DG49	1299935	165	WUblastx .64	(Q9NYL4) FK506 BINDING PROTEIN	Q9NYL4	100%	70	672

				PRECURSOR.				
HE9DG49	658678	708	HMMER 2.1.1	PFAM: FKBP-type peptidyl-prolyl cis-trans isomerases	PF00254	91	211	492
			WUblastx .64	(Q9NYL4) FK506 BINDING PROTEIN PRECURSOR.	Q9NYL4	100%	70	672
HE9DG49	382000	709	HMMER 2.1.1	PFAM: FKBP-type peptidyl-prolyl cis-trans isomerases	PF00254	91	-71	-352
			WUblastx .64	(Q9NYL4) FK506 BINDING PROTEIN PRECURSOR.	Q9NYL4	100% 86%	578 78	679 674
HE9OW20	1352337	168	WUblastx .64	(CAC41349) Alpha2-glucosyltransferase.	CAC41349	95%	129	1151
HE9OW20	838598	710	WUblastx .64	(CAC41349) Alpha2-glucosyltransferase.	CAC41349	99%	142	996
HE9OW20	834400	711	WUblastx .64	(CAC41349) Alpha2-glucosyltransferase.	CAC41349	93% 95%	129 449	497 1051
HE9RM63	886167	169	WUblastx .64	(Q9NV86) CDNA FLJ10873 FIS, CLONE NT2RP4001730, WEAKLY SIMILAR TO UDP	Q9NV86	40% 94%	1995 82	2087 1113
HEAAR07	561524	170	WUblastx .64	probable transposase - human transposon MER37	pir|S72481|S72481	57% 89% 75% 78% 33% 55%	691 1020 210 833 784 332	858 1076 332 1015 864 703

HEBCM63	484643	173	WUblastx .64	(Q9BYH1) SEZ6L.	Q9BYH1	91%	12	449
HEBEJ18	701802	174	WUblastx .64	(AAH00573) HSPC163 protein.	AAH00573	100%	51	467
HEEAG23	684254	175	HMMER 2.1.1	PFAM: emp24/gp25L/p24 family	PF01105	36.2	63	185
			WUblastx .64	(AAH23041) Similar to RIKEN cDNA 2400003B06 gene.	AAH23041	100% 99%	114 406	185 780
HEEAJ02	633657	176	WUblastx .64	(Q9BW86) PHOSPHATIDYLETHANOLAMINE N-METHYLTRANSFERASE.	Q9BW86	80%	54	761
HEEAQ11	777843	177	HMMER 2.1.1	PFAM: Cystatin domain	PF00031	39.7	360	638
			WUblastx .64	(Q9H4G1) BA218C14.1 (NOVEL CYSTATIN FAMILY MEMBER).	Q9H4G1	100%	213	653
HEEBI05	1307611	178	WUblastx .64	(Q9N7S5) PROBABLE PROTEOPHOSPHOGLYCAN (FRAGMENT).	Q9N7S5	32%	252	635
HEEBI05	1047700	712	WUblastx .64	(Q9N7S5) PROBABLE PROTEOPHOSPHOGLYCAN (FRAGMENT).	Q9N7S5	32%	332	715
HEGAH43	532596	179	WUblastx .64	(Q9H1M5) BA530N10.1 (NOVEL PROTEIN).	Q9H1M5	100%	29	361
HEGAN94	885637	180	WUblastx .64	colipase precursor, pancreatic - dog	pir|A46717|A46717	36%	148	393
HEGAN94	769649	713	HMMER	PFAM: Colipase	PF01114	24	229	405

			2.1.1					
			WUblastx .64	colipase precursor, pancreatic - dog	pir|A46717|A46717	36%	229	474
HEGBS69	1048170	714	WUblastx .64	(Q9H056) HYPOTHETICAL 12.5 KDA PROTEIN.	Q9H056	100%	1125	778
HELGK31	681138	182	HMMER 2.1.1	PFAM: DHHC zinc finger domain	PF01529	95.1	659	820
			WUblastx .64	(Q9NPG8) CDNA FLJ10479 FIS, CLONE NT2RP2000120 (DC1) (HYPOTHETICAL 39	Q9NPG8	83%	209	1240
HELGK31	340352	715	HMMER 2.1.1	PFAM: DHHC zinc finger domain	PF01529	95.1	-82	-243
			WUblastx .64	(Q9NPG8) CDNA FLJ10479 FIS, CLONE NT2RP2000120 (DC1) (HYPOTHETICAL 39	Q9NPG8	98% 36% 100%	242 36 498	496 128 1274
HELHD85	847372	183	WUblastx .64	(Q9N083) UNNAMED PORTEIN PRODUCT.	Q9N083	52% 53% 67%	1715 1648 1881	1653 1559 1705
HELHL48	696945	184	HMMER 2.1.1	PFAM: DHHC zinc finger domain	PF01529	124.3	797	991
			WUblastx .64	hypothetical protein DKFZp761E1347.1 - human (fragment)	pir|T47144|T47144	96%	359	1414
HELHL48	610025	716	HMMER 2.1.1	PFAM: DHHC zinc finger domain	PF01529	124.3	199	393
			WUblastx .64	hypothetical protein DKFZp761E1347.1 -	pir|T47144|T47144	100% 98%	470 585	586 818

				human (fragment)		90%	10	471
HEMAM41	741647	185	WUblastx .64	(Q8VDR1) Similar to RIKEN cDNA 2310044D20 gene.	Q8VDR1	63%	385	744
HEMAM41	419870	717	WUblastx .64	(Q8VDR1) Similar to RIKEN cDNA 2310044D20 gene.	Q8VDR1	83%	398	745
HEPAA46	596830	186	WUblastx .64	(Q96PH6) ESC42.	Q96PH6	100%	18	386
HESAJ10	526013	190	WUblastx .64	(Q8WWX9) Selenoprotein SelM.	Q8WWX9	96% 95% 64%	566 405 541	841 545 582
HETAB45	609827	191	WUblastx .64	(Q9NXH2) CDNA FLJ20254 FIS, CLONE COLF6926.	Q9NXH2	98% 99%	646 3	795 647
HETLM70	1177512	193	WUblastx .64	(AAH25323) Similar to hypothetical protein FLJ21240	AAH25323	99%	3	1022
HETLM70	1046327	719	WUblastx .64	(AAH25323) Similar to hypothetical protein FLJ21240	AAH25323	99%	3	1022
HETLM70	1046328	720	WUblastx .64	(AAH25323) Similar to hypothetical protein FLJ21240	AAH25323	98% 100%	101 2	256 46
HFABG18	847073	194	WUblastx .64	(Q9QZE9) TM6P1.	Q9QZE9	95% 88%	53 237	253 797
HFAMB72	490697	195	WUblastx .64	(Q9Y6F6) JAW1-RELATED PROTEIN MRVI1A LONG ISOFORM.	Q9Y6F6	94% 69%	672 1	722 669

HFCCQ50	579993	197	HMMER 2.1.1	PFAM: Galactosyltransferase	PF01762	130.8	365	1042
			WUblastx .64	(Q9C0J1) BETA-1,3-N-ACETYLGLUCOSAMINYLTRANSFERASE BGN-T4.	Q9C0J1	95%	35	1102
HFFAL36	560639	200	WUblastx .64	(O75525) T-STAR.	O75525	100%	568	657
HFGAD82	513669	201	WUblastx .64	membrane glycoprotein M6 - mouse	pir|I78556|I78556	92%	249	410
HFIIZ70	1043350	202	WUblastx .64	(Q8WWX9) Selenoprotein SelM.	Q8WWX9	93% 86% 91% 98%	833 24 423 987	919 212 458 1145
HFIIZ70	906708	721	WUblastx .64	(Q8WWX9) Selenoprotein SelM.	Q8WWX9	98% 93% 98% 91%	1038 884 74 474	1196 970 241 509
HFKET18	889515	203	WUblastx .64	(Q9HAD8) CDNA FLJ11786 FIS, CLONE HEMBA1006036.	Q9HAD8	63% 54% 42% 66% 50%	1384 1230 1444 1390 1471	1485 1397 1533 1434 1533
HFKFG02	634743	204	WUblastx .64	ISOFORM OAT1.2 OF O95742	tr_vs|O95742-01|O95742	89% 100%	11 253	265 564
HFPCX09	1309793	208	WUblastx .64	(O95970) LEUCINE-RICH GLIOMA-INACTIVATED PROTEIN PRECURSOR.	O95970	100%	161	1831
HFPCX09	835390	722	HMMER	PFAM: Leucine rich	PF01463	46.3	741	890

			2.1.1	repeat C-terminal domain				
			WUblastx .64	(O95970) LEUCINE-RICH GLIOMA-INACTIVATED PROTEIN PRECURSOR.	O95970	99%	225	1895
HFPCX09	598723	723	WUblastx .64	(O95970) LEUCINE-RICH GLIOMA-INACTIVATED PROTEIN PRECURSOR.	O95970	86% 94%	161 169	298 1830
HFPCX36	526635	209	WUblastx .64	(Q96NR6) CDNA FLJ30278 fis, clone BRACE2002755.	Q96NR6	56% 66%	680 450	775 680
HFTCU19	735139	211	WUblastx .64	(Q96B80) Similar to RIKEN cDNA 0610040E02 gene.	Q96B80	88%	20	802
HFTDL56	695976	212	HMMER 2.1.1	PFAM: Neurotransmitter-gated ion-channel	PF00065	769.9	168	1574
			WUblastx .64	(P04760) ACETYLCHOLINE RECEPTOR PROTEIN, GAMMA CHAIN PRECUR	ACHG_MOUSE	99%	93	1649
HFVAB79	1300736	214	WUblastx .64	(Q9BX93) GROUP XIII SECRETED PHOSPHOLIPASE A2.	Q9BX93	100%	133	714
HFVAB79	565076	725	WUblastx .64	(Q9BX93) GROUP XIII SECRETED PHOSPHOLIPASE A2.	Q9BX93	100%	139	720
HFXGT26	745381	220	WUblastx .64	(O95662) POT. ORF VI (FRAGMENT).	O95662	57%	162	689

HFXHK73	609826	223	WUblastx .64	(Q9H960) CDNA FLJ12988 FIS, CLONE NT2RP3000080.	Q9H960	58% 50%	1164 1749	1042 1714
HFXKJ03	505207	224	WUblastx .64	(O62658) LINE-1 ELEMENT ORF2.	O62658	34% 36%	492 920	292 525
HFXKT05	658690	225	WUblastx .64	(Q9H5H7) CDNA: FLJ23425 FIS, CLONE HEP22862.	Q9H5H7	81%	5	1015
HFXKY27	634161	226	WUblastx .64	(Q9P147) PRO2822.	Q9P147	86% 70%	812 928	768 815
HGBFO79	422794	227	WUblastx .64	(AAH06833) Similar to DKFZP586F1524 protein.	AAH06833	78% 96%	72 134	140 1147
HGBIB74	837220	229	WUblastx .64	hypothetical protein ZK858.6 - Caenorhabditis elegans	pir|T28058|T28058	50% 51% 65% 62%	1387 2 482 723	1494 439 730 1403
HGBIB74	838602	727	WUblastx .64	(Q9V3N6) BG:DS00797.1 PROTEIN.	Q9V3N6	65% 82% 81% 27% 57%	736 537 1251 223 61	1257 740 1505 537 474
HGBIB74	899864	728	WUblastx .64	(Q9V3N6) BG:DS00797.1 PROTEIN.	Q9V3N6	71%	12	950
HHAAF20	838603	231	WUblastx .64	(AAH06738) Hypothetical 47.5 kDa protein.	AAH06738	85% 81%	540 245	728 580
HHBCS39	1003028	232	WUblastx .64	(Q9H763) CDNA: FLJ21269 FIS, CLONE COL01745.	Q9H763	98%	17	601

HHBCS39	883427	729	WUblastx .64	(Q9H763) CDNA: FLJ21269 FIS, CLONE COL01745.	Q9H763	98%	63	647
HHEAA08	638231	233	WUblastx .64	(Q9BVD9) UNKNOWN (PROTEIN FOR MGC:5149).	Q9BVD9	61% 74%	1923 2147	1870 1923
HHEMM74	941955	236	WUblastx .64	(Q96QU0) Calcium-promoted Ras inactivator.	Q96QU0	99%	1741	2046
HHEMM74	906815	732	WUblastx .64	(Q9HBS7) HYPOTHETICAL 14.2 KDA PROTEIN.	Q9HBS7	66% 64%	731 592	880 735
HHEMM74	902458	733	WUblastx .64	(Q96QU0) Calcium-promoted Ras inactivator.	Q96QU0	99% 89%	458 140	1681 253
HHEMM74	895682	734	WUblastx .64	(Q96QU0) Calcium-promoted Ras inactivator.	Q96QU0	83% 100%	316 287	477 316
HHEPM33	877639	239	WUblastx .64	(Q96BH1) Ring finger protein 25.	Q96BH1	97% 100%	10 1185	1230 1373
HHEPU04	838217	241	WUblastx .64	(Q9BQB6) UNKNOWN (PROTEIN FOR MGC:11276) (PROTEIN FOR IMAGE:3455200).	Q9BQB6	80%	259	747
HHEPU04	897457	735	blastx.2	(BC000828) Unknown (protein for IMAGE:3455200) [Homo sapiens]	gb|AAH00828.1|AAH00828	80%	267	755
HHEPU04	535730	736	WUblastx .64	(Q9BQB6) UNKNOWN (PROTEIN FOR MGC:11276) (PROTEIN FOR IMAGE:3455200).	Q9BQB6	72% 83% 100%	326 217 45	424 339 218
HHFBY53	821330	242	WUblastx	(Q9LGZ9) GENOMIC	Q9LGZ9	100%	746	868

			.64	DNA, CHROMOSOME 3, BAC CLONE:F1D9.		100%	745	867
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						95%	744	866
						89%	724	867
HHFEC49	905849	243	WUblastx .64	(Q9D1N2) 1110002J19RIK PROTEIN.	Q9D1N2	55%	30	500
HHFFJ48	634521	244	WUblastx .64	(Q9CWA7) 0610010F05RIK PROTEIN (FRAGMENT).	Q9CWA7	49%	1362	1598
HHFGR93	865581	245	WUblastx .64	(Q96AP7) Hypothetical 41.2 kDa protein.	Q96AP7	100%	132	1301
HHFGR93	691402	737	HMMER	PFAM: Immunoglobulin	PF00047	36.3	628	807

			2.1.1	domain				
			WUblastx .64	(Q96AP7) Hypothetical 41.2 kDa protein.	Q96AP7	98% 99%	819 130	1298 828
HHFHR32	411470	247	WUblastx .64	(Q99LX9) SIMILAR TO SINGLE-STRANDED-DNA-BINDING PROTEIN.	Q99LX9	100%	1	762
HHFOJ29	1127491	248	WUblastx .64	(Q9H7P4) FLJ00024 PROTEIN (FRAGMENT).	Q9H7P4	99%	592	65
HHFOJ29	1040264	738	WUblastx .64	(Q9H7P4) FLJ00024 PROTEIN (FRAGMENT).	Q9H7P4	99%	268	789
HHFOJ29	1042456	739	WUblastx .64	(Q9H7P4) FLJ00024 PROTEIN (FRAGMENT).	Q9H7P4	61% 90%	81 196	4 101
HHGBO91	520198	249	WUblastx .64	(Q96NR6) CDNA FLJ30278 fis, clone BRACE2002755.	Q96NR6	86% 66% 46% 46%	622 531 439 633	687 620 353 496
HHGCM76	662329	250	WUblastx .64	(Q96FV2) Unknown (protein for IMAGE:3945715) (Fragment).	Q96FV2	94% 98%	7 378	114 536
HHGCM76	383547	740	WUblastx .64	(Q96FV2) Unknown (protein for IMAGE:3945715) (Fragment).	Q96FV2	94% 98%	7 378	114 536
HHGDW43	554613	253	WUblastx .64	(Q9P1J1) PRO1546.	Q9P1J1	59% 52%	707 774	787 887

HHPGO40	1299927	255	WUblastx .64	(Q9HBW1) Brain tumor associated protein NAG14.	Q9HBW1	74% 30%	191 338	976 928
HHPGO40	753270	741	HMMER 2.1.1	PFAM: Leucine Rich Repeat	PF00560	122	542	613
			WUblastx .64	(Q9HBW1) Brain tumor associated protein NAG14.	Q9HBW1	74% 30%	191 338	967 928
HHPGO40	560969	742	HMMER 2.1.1	PFAM: Leucine Rich Repeat	PF00560	77	548	619
			WUblastx .64	(Q9HBW1) Brain tumor associated protein NAG14.	Q9HBW1	71% 31% 74%	739 691 197	984 933 754
HILCF66	636025	258	WUblastx .64	(Q9CWZ1) 2400006A19RIK PROTEIN.	Q9CWZ1	100% 96%	1435 1243	1530 1323
HJACG02	1307789	259	WUblastx .64	(Q9HD89) CYSTEINE-RICH SECRETED PROTEIN (C/EBP-EPSILON REGULATED MYEL	Q9HD89	100%	66	389
HJACG02	509948	743	WUblastx .64	(Q9HD89) CYSTEINE-RICH SECRETED PROTEIN (C/EBP-EPSILON REGULATED MYEL	Q9HD89	100%	47	370
HJACG30	895505	260	WUblastx .64	(Q9UM21) UDP-GLCNAC:A-1,3-D-MANNOSIDE B-1,4-N-ACETYLGLUCOSAMIN	Q9UM21	96%	291	389

				YLTRANS				
HJACG30	774300	745	WUblastx .64	(Q9D399) 6330415B21RIK PROTEIN.	Q9D399	80%	220	297
HJBCU04	877643	261	WUblastx .64	(Q9Y3P8) SIT PROTEIN PRECURSOR.	Q9Y3P8	100%	36	623
HJBCY35	719729	262	WUblastx .64	hypothetical protein DKFZp586J0619.1 - human (fragment)	pir|T08758|T08758	100%	1	1212
HJMBM38	545752	264	WUblastx .64	(Q9CS66) 5730496N17RIK PROTEIN (FRAGMENT).	Q9CS66	83%	3	722
HJPAD75	651337	267	WUblastx .64	(Q9H5F8) CDNA: FLJ23476 FIS, CLONE HSI14935.	Q9H5F8	98%	8	232
HJPCP42	852573	747	WUblastx .64	(Q9VL06) CG5604 PROTEIN.	Q9VL06	54%	19	315
HJPCP42	824612	748	WUblastx .64	cut1 protein - fission yeast (Schizosaccharomyces pombe)	pir|A35694|A35694	42%	7	201
HKAAE44	564406	269	WUblastx .64	(Q969S6) Unknown (protein for MGC:15961) (protein for MGC:14327).	Q969S6	86%	113	520
HKAAH36	1352332	270	WUblastx .64	(AAH08036) Kallikrein 5.	AAH08036	100%	128	1006
HKAAH36	1352331	749	WUblastx .64	(AAH08036) Kallikrein 5.	AAH08036	71%	295	846
HKAAH36	1352330	750	WUblastx .64	(AAH08036) Kallikrein 5.	AAH08036	100%	182	1060

HKAAH36	836040	751	WUblastx .64	(AAH08036) Kallikrein 5.	AAH08036	90% 100%	184 399	348 1061
HKAAH36	838068	752	HMMER 2.1.1	PFAM: Trypsin	PF00089	270.2	452	1108
			WUblastx .64	(AAH08036) Kallikrein 5.	AAH08036	92%	254	1132
HKAAH36	815661	753	HMMER 2.1.1	PFAM: Trypsin	PF00089	270.2	327	983
			WUblastx .64	(AAH08036) Kallikrein 5.	AAH08036	100%	129	1007
HKAAH36	590734	754	WUblastx .64	(AAH08036) Kallikrein 5.	AAH08036	100% 86%	189 301	353 1065
HKAAK02	589945	271	HMMER 2.1.1	PFAM: Galactosyltransferase	PF01762	56.1	457	660
			WUblastx .64	(Q8WWR6) Beta 1,6-GlcNAc-transferase.	Q8WWR6	92%	97	681
HKABZ65	862030	273	WUblastx .64	(Q96LB9) Peptidoglycan recognition protein-I-alpha precursor.	Q96LB9	99% 45%	77 137	802 541
HKABZ65	665424	755	WUblastx .64	(Q96LB9) Peptidoglycan recognition protein-I-alpha precursor.	Q96LB9	99% 45%	69 129	794 533
HKACB56	554616	274	HMMER 2.1.1	PFAM: Kazal-type serine protease inhibitor domain	PF00050	76.3	114	266
			WUblastx .64	(P01001) ACROSIN INHIBITORS IIA AND IIB (BUSI-II).	IAC2_BOVIN	82%	96	266
HKACD58	1352202	275	WUblastx .64	(Q96BH2) Hypothetical 34.4 kDa protein.	Q96BH2	86% 28% 100%	786 46 125	1199 186 715

HKACD58	552465	756	WUblastx .64	(Q96BH2) Hypothetical 34.4 kDa protein.	Q96BH2	86% 28% 88%	795 43 122	1208 183 724
HKACM93	1352383	277	blastx.14	aqualysin (EC 3.4.21.-) I precursor - Thermus aquaticus	pir|A35742|A35742	40% 41% 30% 50% 34% 53% 58%	884 1097 1274 746 548 425 2201	1039 1276 1468 823 670 469 2236
HKACM93	907085	758	WUblastx .64	aqualysin (EC 3.4.21.-) I precursor - Thermus aquaticus	pir|A35742|A35742	42% 35%	937 521	1071 919
HKACM93	906150	760	WUblastx .64	(P80146) EXTRACELLULAR SERINE PROTEINASE PRECURSOR (EC 3.4.	SEPR_THESR	39%	40	603
HKAEL80	570865	278	WUblastx .64	(O60448) NEURONAL THREAD PROTEIN AD7C-NTP.	O60448	63% 68% 65%	789 934 798	935 999 1052
HKAEV06	1352263	279	WUblastx .64	(Q9NVA4) CDNA FLJ10846 FIS, CLONE NT2RP4001373.	Q9NVA4	99%	501	1814
HKAEV06	638238	761	WUblastx .64	(Q9NVA4) CDNA FLJ10846 FIS, CLONE NT2RP4001373.	Q9NVA4	96% 100% 96%	367 197 480	459 367 1541
HKAFK41	545018	280	WUblastx .64	(BAB55101) CDNA FLJ14515 fis, clone NT2RM1000800, w	BAB55101	91% 60%	18 130	371 537
HKAFT66	946512	281	WUblastx	(Q9CPS2)	Q9CPS2	72%	29	61

			.64	4933428I03RIK PROTEIN.		64% 84%	61 274	231 828
HKAFT66	889258	762	WUblastx .64	(Q9CPS2) 4933428I03RIK PROTEIN.	Q9CPS2	72% 64% 83%	29 61 274	61 231 828
HKAFT66	904790	763	WUblastx .64	(Q9CPS2) 4933428I03RIK PROTEIN.	Q9CPS2	80% 84%	298 12	555 314
HKDBF34	833065	282	WUblastx .64	(Q9HBJ8) KIDNEY-SPECIFIC MEMBRANE PROTEIN NX-17.	Q9HBJ8	88%	69	734
HKDBF34	587268	764	WUblastx .64	(Q9HBJ8) KIDNEY-SPECIFIC MEMBRANE PROTEIN NX-17.	Q9HBJ8	100% 80%	18 239	257 682
HKGAT94	762811	283	WUblastx .64	(Q9H919) CDNA FLJ13078 FIS, CLONE NT2RP3002002.	Q9H919	73% 80% 63%	307 128 228	239 84 121
HKGAT94	460631	765	WUblastx .64	(Q9H919) CDNA FLJ13078 FIS, CLONE NT2RP3002002.	Q9H919	73% 54% 80% 63%	314 1056 135 235	246 907 91 128
HKISB57	625956	285	WUblastx .64	(Q8WWW1) Smoothelin-B3.	Q8WWW1	28% 100% 98% 27% 26% 44%	262 201 1107 271 532 954	582 1013 1256 480 966 1052
HKMLM11	514788	287	WUblastx .64	(Q9P059) HSPC323 (FRAGMENT).	Q9P059	71% 85%	332 148	562 462
HKMLP68	1037919	288	WUblastx	(Q8VD01) Hypothetical	Q8VD01	49%	8	586

			.64	61.8 kDa protein.				
HKMLP68	880047	767	WUblastx .64	(Q8VD01) Hypothetical 61.8 kDa protein.	Q8VD01	49%	31	609
HKMND01	527402	290	WUblastx .64	(Q9H3C0) PRO0898.	Q9H3C0	83%	867	757
HL2AC08	610018	291	HMMER 2.1.1	PFAM: Thioredoxin	PF00085	82.8	145	444
			WUblastx .64	hypothetical protein DKFZp564E1962.1 - human (fragment)	pir|T12471|T12471	100%	46	903
HLCND09	1172046	293	HMMER 2.1.1	PFAM: PAP2 superfamily	PF01569	20.3	170	352
			WUblastx .64	(Q9H929) CDNA FLJ13055 FIS, CLONE NT2RP3001538, WEAKLY SIMILAR TO HYP	Q9H929	88%	107	421
HLCND09	1035153	769	HMMER 2.1.1	PFAM: PAP2 superfamily	PF01569	20.4	62	244
			WUblastx .64	(Q9H929) CDNA FLJ13055 FIS, CLONE NT2RP3001538, WEAKLY SIMILAR TO HYP	Q9H929	97%	2	274
HLDBE54	836041	294	WUblastx .64	(Q9NR71) MITOCHONDRIAL CERAMIDASE.	Q9NR71	98%	212	1051
HLDBE54	600362	770	WUblastx .64	(Q9JHE3) NERUTAL CERAMIDASE (NEUTRAL	Q9JHE3	45% 72% 78%	332 130 375	397 306 1028

				CERAMIDASE).				
HLDBE54	800678	771	HMMER 2.1.1	PFAM: Renal dipeptidase	PF01244	466.8	352	1410
			WUblastx .64	(Q9H4A9) PUTATIVE DIPEPTIDASE.	Q9H4A9	100%	133	1590
HLDBX13	815665	295	WUblastx .64	(Q9H387) PRO2550.	Q9H387	76% 60%	1764 1815	1681 1756
HLDNA86	1352197	296	WUblastx .64	(Q9BQB6) UNKNOWN (PROTEIN FOR MGC:11276) (PROTEIN FOR IMAGE:3455200).	Q9BQB6	100%	238	726
HLDNA86	535730	772	WUblastx .64	(Q9BQB6) UNKNOWN (PROTEIN FOR MGC:11276) (PROTEIN FOR IMAGE:3455200).	Q9BQB6	72% 83% 100%	326 217 45	424 339 218
HLDOW79	847396	298	WUblastx .64	(AAH24441) Hypothetical 37.8 kDa protein.	AAH24441	83%	10	699
HLDQC46	847397	299	WUblastx .64	(Q9BXJ8) TRANSMEMBRANE PROTEIN INDUCED BY TUMOR NECROSIS FACTOR ALPHA	Q9BXJ8	100%	28	423
HLDQR62	753742	300	WUblastx .64	(Q9NQW2) PROGRESSIVE ANKYLOSIS-LIKE PROTEIN.	Q9NQW2	100% 99%	41 376	382 1002
HLDQU79	740755	301	WUblastx .64	(O75477) KE04P.	O75477	100%	105	1142
HLDRM43	846330	302	WUblastx	(Q96NZ9) Proline-rich	Q96NZ9	100%	24	476

			.64	acidic protein.				
HLDRM43	638939	773	WUblastx .64	(Q96NZ9) Proline-rich acidic protein.	Q96NZ9	100%	164	616
HLDRP33	647430	303	WUblastx .64	(Q9H743) CDNA: FLJ21394 FIS, CLONE COL03536.	Q9H743	38% 64%	340 599	278 489
HLHFP03	460467	304	WUblastx .64	(Q9WVC2) LY-6/NEUROTOXIN HOMOLOG (ADULT MALE HIPPOCAMPUS CDNA, RIKEN	Q9WVC2	81%	224	571
HLHFR58	894001	776	WUblastx .64	macrophage inflammatory protein 1-beta precursor [validated] - human	pir|JH0319|A31767	100%	610	335
HLICQ90	791828	307	WUblastx .64	(Q96N65) CDNA FLJ31349 fis, clone MESAN2000092, moderately similar to	Q96N65	95% 93%	571 59	636 616
HLQBE09	520375	309	WUblastx .64	second peroxisomal thioesterase - human	pir|JC7367|JC7367	56%	8	559
HLQDR48	1307726	310	WUblastx .64	(Q9NQZ1) HEPATOCELLULAR CARCINOMA ASSOCIATED PROTEIN TD26.	Q9NQZ1	86%	296	406
HLQDR48	619979	777	WUblastx .64	(AAH24408) Hypothetical 20.3 kDa protein (Fragment)	AAH24408	65% 100%	54 675	572 701
HLTAU74	853614	311	WUblastx .64	(Q8WU84) Hypothetical 113.9 kDa protein	Q8WU84	77% 100%	6 657	704 803

				(Fragment).				
HLTEJ06	543017	314	WUblastx .64	(AAL78047) Envelope protein.	AAL78047	32%	173	490
HLTHG37	787530	316	WUblastx .64	(AAH01258) N-acetylglucosamine-phosphate mutase.	AAH01258	100% 93%	960 2	1070 955
HLTHG37	743169	778	WUblastx .64	(Q9NTT5) DJ202D23.2 (NOVEL PROTEIN) (FRAGMENT).	Q9NTT5	100%	640	335
HLWAA17	629552	317	WUblastx .64	(Q9NY26) IRT1 PROTEIN (SIMILAR TO ZINC/IRON REGULATED TRANSPORTER-LIK	Q9NY26	94% 100%	226 85	960 123
HLWAA88	588485	318	WUblastx .64	(Q9H8L6) CDNA FLJ13465 FIS, CLONE PLACE1003493, WEAKLY SIMILAR TO END	Q9H8L6	99% 99% 40% 42% 92%	683 295 781 440 35	1768 696 855 517 322
HLWAA88	769166	779	WUblastx .64	(Q9H8L6) CDNA FLJ13465 FIS, CLONE PLACE1003493, WEAKLY SIMILAR TO END	Q9H8L6	95% 93% 98%	1567 1487 51	1629 1573 1493
HLWAD77	653513	319	WUblastx .64	(Q9GZP9) F-LAN-1 (HYPOTHETICAL TRANSMEMBRANE PROTEIN SBBI53).	Q9GZP9	99%	29	745
HLWAE11	783071	320	HMMER 2.1.1	PFAM: C1q domain	PF00386	44.4	403	789

			WUblastx .64	(Q9BXI9) COMPLEMENT-C1Q TUMOR NECROSIS FACTOR-RELATED PROTEIN.	Q9BXI9	99%	28	861
HLWAO22	587270	321	WUblastx .64	(Q9NRG9) GL003 (ADRACALIN) (AAAS PROTEIN) (UNKNOWN) (PROTEIN FOR MGC:	Q9NRG9	78% 28% 97% 100% 83% 30% 41% 28% 26% 58%	449 139 1003 14 19 396 503 100 470 333	1147 420 1263 40 495 596 664 408 859 503
HLWAY54	658702	322	WUblastx .64	(Q9BY87) PROACROSIN BINDING PROTEIN SP32 PRECURSOR.	Q9BY87	99% 79% 100% 42% 23% 37% 90%	38 997 1448 563 1445 1260 1251	1006 1326 1663 643 1594 1331 1475
HLWBH18	1045194	323	WUblastx .64	(Q96MM0) CDNA FLJ32172 fis, clone PLACE6000555.	Q96MM0	69%	594	722
HLWBK05	765310	325	WUblastx .64	(Q9CUS9) 4833416I09RIK PROTEIN (FRAGMENT).	Q9CUS9	84%	10	1173
HLWBY76	797609	326	WUblastx .64	(AAH06651) Similar to hypothetical protein	AAH06651	76%	6	1127

				FLJ23153				
HLYAN59	553507	781	WUblastx .64	(AAL79706) Hypothetical 9.4 kDa protein.	AAL79706	85% 93% 82%	624 639 617	719 728 721
HLYAZ61	1352163	332	WUblastx .64	(O14626) PROBABLE G PROTEIN-COUPLED RECEPTOR H963.	H963_HUMAN	100%	1	855
HLYAZ61	423998	782	HMMER 2.1.1	PFAM: 7 transmembrane receptor (rhodopsin family)	PF00001	71.8	280	-283
			WUblastx .64	(O14626) PROBABLE G PROTEIN-COUPLED RECEPTOR H963.	H963_HUMAN	98%	1	846
HLYES38	638042	334	WUblastx .64	(O95662) POT. ORF VI (FRAGMENT).	O95662	81% 72% 72% 75% 33%	743 281 306 466 145	856 313 524 735 243
HMADS41	596831	335	WUblastx .64	(AAH07725) Ceroid-lipofuscinosis, neuronal 8 (epile	AAH07725	92% 100%	186 427	449 1041
HMADU73	1352177	336	WUblastx .64	(Q9EPE8) LOW-DENSITY LIPOPROTEIN RECEPTOR-RELATED PROTEIN 9.	Q9EPE8	87%	491	2626
HMADU73	467053	783	WUblastx .64	(Q9EPE8) LOW-DENSITY LIPOPROTEIN RECEPTOR-RELATED	Q9EPE8	78%	115	294

				PROTEIN 9.				
HMAMI15	1352406	337	WUblastx .64	(AAL84703) Citrate lyase beta subunit.	AAL84703	99%	4	1023
HMAMI15	1049263	784	WUblastx .64	(AAL84703) Citrate lyase beta subunit.	AAL84703	100% 79%	3 372	440 920
HMDAE65	520338	338	WUblastx .64	(Q9NLE3) PROBABLE (HHV-6) U1102, VARIANT A DNA, COMPLETE VIRION GENOM	Q9NLE3	79% 70% 63% 64% 67%	335 342 333 330 333	249 250 235 235 250
HMDAM24	514394	339	WUblastx .64	hypothetical protein DKFZp434N0615.1 - human (fragment)	pir|T42663|T42663	92% 45% 33% 31% 52% 26% 25% 31% 67%	155 298 248 345 877 369 158 318 306	325 363 316 962 984 764 298 818 926
HMEAI48	1352290	341	WUblastx .64	(Q9Y639) STROMAL CELL-DERIVED RECEPTOR-1 ALPHA.	Q9Y639	80%	36	158
HMECK83	636035	342	WUblastx .64	(O62658) LINE-1 ELEMENT ORF2.	O62658	32% 50% 49%	668 65 483	483 6 100
HMEET96	566720	343	WUblastx .64	(Q9CR48) 2610318G18RIK PROTEIN.	Q9CR48	86%	121	915
HMIAL37	603201	344	HMMER 2.1.1	PFAM: PDZ domain (Also known as DHR or	PF00595	57.7	127	327

				GLGF).				
			WUblastx .64	(Q9Y6N9) ANTIGEN NY-CO-38.	Q9Y6N9	100% 100% 38% 27% 35% 62% 63%	315 76 109 870 765 1111 1067	1100 315 318 1061 998 1242 1132
HMIAP86	726831	345	HMMER 2.1.1	PFAM: Mitochondrial carrier proteins	PF00153	262	329	1180
			WUblastx .64	(AAG29582) Mitochondrial uncoupling protein 5 long	AAG29582	97%	182	1183
HMMAH60	562776	347	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	52% 53%	675 820	538 665
HMSBX80	597448	349	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	55%	1721	1413
HMSGB14	570833	351	WUblastx .64	(Q9BGV8) HYPOTHETICAL 10.0 KDA PROTEIN.	Q9BGV8	73%	403	615
HMSGT42	383470	352	WUblastx .64	(Q9GZW0) DJ604K5.1 (15 KDA SELENOPROTEIN).	Q9GZW0	99%	40	525
HMSHS36	1127691	354	WUblastx .64	(O95662) POT. ORF VI (FRAGMENT).	O95662	83%	781	350
HMSHS36	1028961	786	WUblastx .64	(Q9H8K5) CDNA FLJ13501 FIS, CLONE PLACE1004815.	Q9H8K5	64% 78% 79%	494 340 367	544 381 489

HMSKC04	799540	357	WUblastx .64	(Q9H743) CDNA: FLJ21394 FIS, CLONE COL03536.	Q9H743	66% 60% 56%	1341 1414 1244	1225 1346 1053
HMTBI36	1301451	358	WUblastx .64	(Q9VZF8) CG1332 PROTEIN.	Q9VZF8	56% 36% 40% 35% 27% 40%	958 2488 376 2341 2494 712	2556 3024 879 2550 2622 834
HMTBI36	866466	787	HMMER 2.1.1	PFAM: WD domain, G-beta repeat	PF00400	45.8	2490	2600
			WUblastx .64	(Q9VZF8) CG1332 PROTEIN.	Q9VZF8	56% 36% 40% 35% 27% 40%	957 2487 375 2340 2493 711	2555 3023 878 2549 2621 833
HMUAP70	872208	359	WUblastx .64	(Q9EQH8) NEDD4 WW DOMAIN-BINDING PROTEIN 5 (FRAGMENT).	Q9EQH8	89%	69	845
HMUAP70	723302	788	WUblastx .64	(Q9BT67) UNKNOWN (PROTEIN FOR MGC:10924).	Q9BT67	73% 99%	60 107	104 721
HMUAP70	778820	789	WUblastx .64	(Q9BT67) UNKNOWN (PROTEIN FOR MGC:10924).	Q9BT67	100% 72% 100%	183 229 338	221 402 844
HMUAP70	674913	790	WUblastx .64	(Q9BT67) UNKNOWN (PROTEIN FOR MGC:10924).	Q9BT67	98% 94% 82%	209 109 62	379 216 112

HMUAP70	646810	791	WUblastx .64	(Q9BT67) UNKNOWN (PROTEIN FOR MGC:10924).	Q9BT67	73% 96%	60 107	104 583
HMUAP70	381964	792	WUblastx .64	(Q9BT67) UNKNOWN (PROTEIN FOR MGC:10924).	Q9BT67	86% 99%	60 106	104 720
HMWEB02	638159	361	WUblastx .64	(Q96MX0) CDNA FLJ31762 fis, clone NT2RI2007754, weakly similar to INT	Q96MX0	100% 34% 97%	61 187 333	207 300 449
HMWFO02	542061	793	WUblastx .64	(Q9P1C6) PRO2738.	Q9P1C6	61% 44%	647 473	549 345
HMWGY65	1308287	363	WUblastx .64	(Q8VCP9) RIKEN cDNA 1200003C23 gene.	Q8VCP9	66%	42	1442
HMWGY65	794987	794	WUblastx .64	(Q8VCP9) RIKEN cDNA 1200003C23 gene.	Q8VCP9	58% 65%	542 42	1438 596
HNEEB45	1036397	365	WUblastx .64	hypothetical protein 3 - human	pir|E41925|E41925	78% 39% 44%	861 523 548	929 717 862
HNFFC43	753337	366	WUblastx .64	(Q969J4) Lipocalin-1 interacting membrane receptor (Lipocalin-interac	Q969J4	97% 66% 87% 99%	319 428 651 903	453 769 839 1517
HNFIU96	460611	367	WUblastx .64	(Q26195) PVA1 GENE.	Q26195	66% 54% 61%	331 177 318	366 323 371
HNFJF07	577013	368	WUblastx .64	(Q8WYX2) Hypothetical 14.1 kDa protein.	Q8WYX2	65%	585	457
HNFJH45	410107	369	WUblastx .64	(Q9H7Z0) CDNA FLJ14058 FIS, CLONE	Q9H7Z0	48%	277	11

				HEMBB1000554.				
HNGAK47	561488	370	WUblastx .64	(Q96EF8) Unknown (protein for MGC:21495).	Q96EF8	33% 31% 20% 34% 25% 39% 29%	12 12 492 492 486 190 537	206 206 617 557 569 2 487
HNGEP09	499076	378	WUblastx .64	(AAK55521) PRO0764.	AAK55521	57% 53% 50%	965 1021 867	861 977 715
HNGIJ31	519120	381	WUblastx .64	(Q9N083) UNNAMED PORTEIN PRODUCT.	Q9N083	73% 54% 66%	566 615 454	610 725 561
HNGJE50	561568	383	WUblastx .64	(Q9HBS7) HYPOTHETICAL 14.2 KDA PROTEIN.	Q9HBS7	64% 62%	1028 919	945 734
HNGJP69	604891	385	WUblastx .64	(Q9H743) CDNA: FLJ21394 FIS, CLONE COL03536.	Q9H743	53% 71%	973 860	857 693
HNGKN89	834857	387	WUblastx .64	(Q9BGZ4) HYPOTHETICAL 11.6 KDA PROTEIN.	Q9BGZ4	67%	891	781
HNGOM56	836064	388	WUblastx .64	(Q96MM0) CDNA FLJ32172 fis, clone PLACE6000555.	Q96MM0	38% 58%	577 714	744 953
HNHFO29	463568	399	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	69%	522	695
HNHOD46	843488	402	WUblastx	(O60448) NEURONAL	O60448	76%	334	552

			.64	THREAD PROTEIN AD7C-NTP.		56% 56% 52% 73% 59% 50% 70% 48% 50% 35% 31% 50% 61%	646 645 844 331 353 828 721 781 558 401 283 379 486	921 713 894 498 625 917 792 915 791 595 552 462 839
HNTBI57	570877	405	WUblastx .64	(O95400) CD2 CYTOPLASMIC DOMAIN BINDING PROTEIN (CD2 ANTIGEN (CYTOPLA	O95400	100%	173	1195
HNTCE26	1160395	406	HMMER 2.1.1	PFAM: 7 transmembrane receptor (rhodopsin family)	PF00001	137.5	282	1037
			WUblastx .64	(Q9H1Y3) DJ317G22.2 (ENCEPHALOPSIN) (PANOPSIN).	Q9H1Y3	100%	111	1316
HNTCE26	853373	802	HMMER 2.1.1	PFAM: 7 transmembrane receptor (rhodopsin family)	PF00001	23.2	63	218
			WUblastx .64	(Q9H1Y3) DJ317G22.2 (ENCEPHALOPSIN) (PANOPSIN).	Q9H1Y3	95% 100%	370 12	495 377
HNTNC20	700627	407	WUblastx	(AAH24118) Similar to	AAH24118	57%	252	776

			.64	Unknown (protein for IMAGE:44				
HNTSY18	1041383	409	WUblastx .64	(Q9XSV8) SCO-SPONDIN (FRAGMENT).	Q9XSV8	70% 63% 37% 31% 29% 28% 30% 36% 30% 29% 29% 41% 50% 78% 26% 36% 26% 29% 33% 32% 34% 30% 25% 42% 40%	51 1204 54 66 824 42 66 48 416 635 1078 1482 1101 539 530 228 755 84 379 15 99 54 66 1485 1017	644 1236 596 803 931 596 863 662 922 1276 1356 1517 1157 1201 892 584 1198 551 537 329 389 329 581 1523 1076
HNTSY18	897950	804	WUblastx .64	(Q9GMX5) HYPOTHETICAL 12.9 KDA PROTEIN.	Q9GMX5	61%	356	201
HOACB38	520201	411	WUblastx	(Q9H387) PRO2550.	Q9H387	71%	420	295

			.64			77%	589	419
HODDN65	520348	414	WUblastx .64	(Q9N083) UNNAMED PORTEIN PRODUCT.	Q9N083	74% 67%	743 660	663 493
HODDN92	422913	415	WUblastx .64	(Q9H1S5) BA110H4.2 (SIMILAR TO MEMBRANE PROTEIN).	Q9H1S5	100%	1119	1021
HODDO08	790333	416	WUblastx .64	(Q8WZ36) Hypothetical 11.9 kDa protein.	Q8WZ36	83%	725	1042
HODDW40	579256	417	WUblastx .64	(Q9GMP5) HYPOTHETICAL 6.6 KDA PROTEIN.	Q9GMP5	60%	657	520
HODGE68	834907	420	WUblastx .64	retrovirus-related hypothetical protein II - human 1	pir|S23650|S23650	36% 54%	370 276	278 1
HOEBK34	768325	421	HMMER 2.1.1	PFAM: von Willebrand factor type C domain	PF00093	54.1	455	619
			WUblastx .64	(O94769) EXTRACELLULAR MATRIX PROTEIN.	O94769	90%	149	643
HOEBK34	509951	807	WUblastx .64	(O94769) EXTRACELLULAR MATRIX PROTEIN.	O94769	96% 93%	68 316	325 561
HOEBZ89	828177	422	WUblastx .64	hypothetical protein C05G5.5 - Caenorhabditis elegans	pir|T18967|T18967	31%	133	969
HOEDB32	634994	423	WUblastx .64	(Q9Y2Y6) TADA1 PROTEIN (DKFZP564K1964 PROTEIN).	Q9Y2Y6	100%	104	781

HOEDE28	1036480	424	WUblastx .64	(Q8WY86) PP3686.	Q8WY86	99%	933	1535
HOEDH84	748236	425	WUblastx .64	(Q960D8) SD05564p.	Q960D8	39%	7	1449
HOEFV61	833079	426	HMMER 2.1.1	PFAM: Leucine Rich Repeat	PF00560	22	142	216
			WUblastx .64	(Q9C000) NAC-BETA SPLICE VARIANT.	Q9C000	97% 94% 36% 100% 57% 29% 100% 44% 34% 30% 29% 30% 96%	695 1496 1163 10 1419 303 1945 127 555 206 54 109 549	1507 1969 1300 555 1460 434 2001 489 659 505 383 546 704
HOFMQ33	1184465	427	WUblastx .64	(O15232) MATRILIN-3 PRECURSOR.	MTN3_HUMAN	85%	43	1500
HOFMQ33	919896	809	HMMER 2.1.1	PFAM: von Willebrand factor type A domain	PF00092	189.8	288	815
			WUblastx .64	(O15232) MATRILIN-3 PRECURSOR.	MTN3_HUMAN	85%	42	1499
HOFMQ33	906694	810	HMMER 2.1.1	PFAM: von Willebrand factor type A domain	PF00092	162.2	318	737
			WUblastx .64	(O15232) MATRILIN-3 PRECURSOR.	MTN3_HUMAN	81%	72	857
HOFMQ33	902639	811	WUblastx	(O15232) MATRILIN-3	MTN3_HUMAN	81%	1584	877

			.64	PRECURSOR.				
HOFMQ33	702186	812	WUblastx .64	(Q8WUF2) Hypothetical 23.7 kDa protein.	Q8WUF2	88% 99%	937 914	911 327
HOFMT75	911180	428	HMMER 2.1.1	PFAM: Eukaryotic aspartyl protease	PF00026	619	290	1303
			WUblastx .64	cathepsin D (EC 3.4.23.5) precursor [validated] - human	pir|A25771|KHHUD	87%	83	1312
HOFMT75	905365	813	WUblastx .64	cathepsin D (EC 3.4.23.5) precursor [validated] - human	pir|A25771|KHHUD	65%	83	361
HOFMT75	892308	814	WUblastx .64	cathepsin D (EC 3.4.23.5) precursor [validated] - human	pir|A25771|KHHUD	88%	1494	757
HOFMT75	892291	815	HMMER 2.1.1	PFAM: Eukaryotic aspartyl protease	PF00026	496.2	336	1232
			WUblastx .64	cathepsin D (EC 3.4.23.5) precursor [validated] - human	pir|A25771|KHHUD	99%	129	1232
HOFND85	847424	430	HMMER 2.1.1	PFAM: Cadherin domain	PF00028	256	905	1180
			WUblastx .64	(AAK51617) Protocadherin-beta7.	AAK51617	83% 30%	167 425	2047 1858
HOFOC33	1186156	432	WUblastx .64	clusterin precursor - dog	pir|A40018|A40018	69% 81%	1022 115	1414 1086
HOFOC33	967554	817	HMMER 2.1.1	PFAM: Clusterin	PF01093	236.4	81	395
			WUblastx .64	clusterin precursor - dog	pir|A40018|A40018	44% 91%	373 81	453 395
HOFOC33	878690	818	HMMER	PFAM: Clusterin	PF01093	236.6	81	395

			2.1.1					
			WUblastx .64	clusterin precursor - dog	pir|A40018|A40018	44% 91%	373 81	453 395
HOFOC33	905734	819	HMMER 2.1.1	PFAM: Clusterin	PF01093	301.2	76	432
			WUblastx .64	clusterin precursor - dog	pir|A40018|A40018	77% 95% 86%	1023 76 440	1415 432 1087
HOFOC33	902326	820	WUblastx .64	clusterin precursor - dog	pir|A40018|A40018	84%	583	257
HOFOC33	885140	821	WUblastx .64	clusterin precursor - dog	pir|A40018|A40018	77%	839	36
HOFOC33	806819	822	HMMER 2.1.1	PFAM: 60s Acidic ribosomal protein	PF00428	74.6	-422	-733
			WUblastx .64	acidic ribosomal protein P0, cytosolic [validated] - human	pir|A27125|R5HUP0	52% 87%	5 42	55 812
HOFOC73	931871	433	HMMER 2.1.1	PFAM: Papain family cysteine protease	PF00112	22.3	192	311
			WUblastx .64	(BAB22302) Adult male kidney cDNA, RIKEN full-lengt	BAB22302	87% 70%	316 18	918 341
HOFOC73	907073	823	WUblastx .64	(CAC09370) DJ543J19.3 (cathepsin Z).	CAC09370	76% 84%	64 411	414 920
HOFOC73	878863	825	WUblastx .64	(BAB55004) CDNA FLJ14357 fis, clone HEMBA1000005, h	BAB55004	100%	2291	819
HOGAW62	579891	434	WUblastx .64	(Q8WUD4) Similar to RIKEN cDNA 2700094L05 gene.	Q8WUD4	100%	35	130

HOGCK20	745445	435	WUblastx .64	(Q969N2) Phosphatidyl inositol glycan class T precursor (Hypothetical	Q969N2	99% 97%	378 57	1622 389
HOGCK20	664499	826	WUblastx .64	(Q969N2) Phosphatidyl inositol glycan class T precursor (Hypothetical	Q969N2	92% 97% 44% 50% 99%	1533 68 51 52 371	1616 382 125 81 1534
HOGCK63	895880	436	WUblastx .64	(Q9Y386) CGI-78 PROTEIN.	Q9Y386	76% 88% 100%	1214 1161 514	1264 1214 1161
HOGCK63	902295	827	WUblastx .64	(Q96BI3) Hypothetical 29.0 kDa protein (CGI-78 protein).	Q96BI3	100% 96%	813 22	872 477
HOGCS52	919898	437	WUblastx .64	(Q9NY68) CTL2 PROTEIN.	Q9NY68	99%	31	1383
HOGCS52	907118	828	WUblastx .64	(Q9NY68) CTL2 PROTEIN.	Q9NY68	99%	36	1388
HOGCS52	867965	829	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	59% 74%	1017 931	952 719
HOHBB49	833080	438	WUblastx .64	(Q9UI50) PRO0657 (FRAGMENT).	Q9UI50	71% 60%	2294 2374	2356 2493
HOHBC68	603968	439	WUblastx .64	(Q8WUJ3) Hypothetical 110.4 kDa protein.	Q8WUJ3	94% 97%	348 676	707 1785
HOHBY44	873264	441	WUblastx .64	(O60565) GREMLIN (DRM).	O60565	100%	170	721
HOHCH55	827481	443	WUblastx .64	(O95965) TEN INTEGRIN EGF-LIKE REPEAT DOMAINS	O95965	100%	221	1702

				PROTEIN PRECURSOR.				
HOHCH55	815682	832	WUblastx .64	(O95965) TEN INTEGRIN EGF-LIKE REPEAT DOMAINS PROTEIN PRECURSOR.	O95965	100% 31% 99% 40%	1623 416 230 326	1712 1576 1621 1426
HONAH29	1299928	444	WUblastx .64	(Q9NWM8) CDNA FLJ20731 FIS, CLONE HEP10272 (HYPOTHETICAL 24.2 KDA PRO	Q9NWM8	100%	136	768
HONAH29	457167	833	HMMER 2.1.1	PFAM: FKBP-type peptidyl-prolyl cis-trans isomerases	PF00254	95.1	288	539
			WUblastx .64	(Q9NWM8) CDNA FLJ20731 FIS, CLONE HEP10272 (HYPOTHETICAL 24.2 KDA PRO	Q9NWM8	98%	144	776
HOSDJ25	854234	445	WUblastx .64	(Q9D8Y9) 1810018L05RIK PROTEIN.	Q9D8Y9	85% 86%	468 143	593 544
HOSEG51	545809	446	WUblastx .64	(Q9NUT5) CDNA FLJ11152 FIS, CLONE PLACE1006901 (FRAGMENT).	Q9NUT5	51% 100%	2 46	82 537
HOSFD58	614040	447	HMMER 2.1.1	PFAM: ATP-sulfurylase	PF01747	697.3	-647	-1633
			WUblastx .64	3'-phosphoadenosine-5'-phosphosulfate synthetase - human	pir|JW0087|JW0087	100%	56	1927

HOSFD58	383513	835	WUblastx .64	3'-phosphoadenosine-5'-phosphosulfate synthetase - human	pir|JW0087|JW0087	100%	56	1927
HOUCQ17	429229	448	HMMER 2.1.1	PFAM: Reprolysin family propeptide	PF01562	76.2	216	-20
			WUblastx .64	(P97857) ADAM-TS 1 PRECURSOR (EC 3.4.24.-) (A DISINTEGRIN A	ATS1_MOUSE	81%	508	3408
HOUDK26	565393	449	WUblastx .64	(Q9NUX1) CDNA FLJ11082 FIS, CLONE PLACE1005206.	Q9NUX1	87%	4	585
HPASA81	1352382	451	WUblastx .64	(O35360) UTERUS-OVARY SPECIFIC PUTATIVE TRANSMEMBRANE PROTEIN.	O35360	73%	1	1818
HPASA81	900548	836	HMMER 2.1.1	PFAM: CUB domain	PF00431	146.9	452	778
			WUblastx .64	(O35360) UTERUS-OVARY SPECIFIC PUTATIVE TRANSMEMBRANE PROTEIN.	O35360	67% 75%	8 918	928 1814
HPBCU51	411080	452	WUblastx .64	(Q9BWJ9) SIMILAR TO NEUROBLASTOMA (NERVE TISSUE) PROTEIN.	Q9BWJ9	96%	56	154
HPFCL43	535710	457	WUblastx .64	(AAH07349) Adrenal gland protein AD-004.	AAH07349	97%	57	257

HPFDG48	542227	458	WUblastx .64	(Q9Y6E5) HSPC024-ISO.	Q9Y6E5	90% 88%	564 313	623 387
HPIAQ68	833082	459	WUblastx .64	(Q95LL4) Hypothetical 13.9 kDa protein.	Q95LL4	46%	905	1174
HPIBO15	1310868	460	WUblastx .64	(Q9CQS3) 1110018M03RIK PROTEIN.	Q9CQS3	93%	128	757
HPIBO15	590741	840	WUblastx .64	(Q9CQS3) 1110018M03RIK PROTEIN.	Q9CQS3	88% 95% 97%	127 507 401	402 722 508
HPICB53	1042309	461	WUblastx .64	(Q9NX17) CDNA FLJ20489 FIS, CLONE KAT08285.	Q9NX17	74%	1138	848
HPJCL22	1146674	463	WUblastx .64	(Q9GKV3) HYPOTHETICAL 41.8 KDA PROTEIN.	Q9GKV3	97% 27% 75%	1420 210 2701	2508 338 2823
HPJCL22	1034817	845	WUblastx .64	(Q9VWN8) CG7307 PROTEIN.	Q9VWN8	69% 61%	64 468	348 992
HPJCL22	1046434	846	WUblastx .64	(Q9H8F3) CDNA FLJ13680 FIS, CLONE PLACE2000007, HIGHLY SIMILAR TO HOM	Q9H8F3	94% 81%	346 16	582 162
HPJCW04	589969	464	WUblastx .64	(Q9P195) PRO1722.	Q9P195	39% 60%	1278 1412	1093 1263
HPMAI22	635491	466	WUblastx .64	(Q9CX19) 9430073N08RIK PROTEIN.	Q9CX19	54%	147	572
HPQAC69	396804	469	WUblastx .64	(O75592) PROTEIN ASSOCIATED WITH	O75592	100% 28%	202 76	297 189

				MYC.		100%	3	200
HPRBC80	829136	470	HMMER 2.1.1	PFAM: Protein phosphatase 2C	PF00481	336.4	157	957
			WUblastx .64	(Q9HAY8) SER/THR PROTEIN PHOSPHATASE TYPE 2C BETA 2 ISOFORM (PROTEIN	Q9HAY8	99%	94	1254
HPRBC80	720095	851	WUblastx .64	(Q9HAY8) SER/THR PROTEIN PHOSPHATASE TYPE 2C BETA 2 ISOFORM (PROTEIN	Q9HAY8	98%	3	284
HPRBF19	753282	471	WUblastx .64	(Q9H8I7) CDNA FLJ13593 FIS, CLONE PLACE1009493.	Q9H8I7	99%	15	632
HPTVX32	634353	473	WUblastx .64	(BAB84985) FLJ00232 protein (Fragment).	BAB84985	96%	103	543
HPWDJ42	722246	476	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	64% 67%	1100 1332	1026 1102
HPWDJ42	709662	854	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	64% 67%	1100 1332	1026 1102
HPZAB47	585702	477	WUblastx .64	hypothetical protein 3 - human	pir|E41925|E41925	34% 55%	1132 1296	884 1183
HRAAB15	658717	478	WUblastx .64	(AAH25678) Similar to putative.	AAH25678	100%	11	511
HRABA80	882176	479	WUblastx .64	(Q9HA75) CDNA FLJ12122 FIS, CLONE	Q9HA75	63% 48%	647 144	679 371

				MAMMA1000129.		93%	247	507
HRABA80	588460	856	WUblastx .64	(Q9HA75) CDNA FLJ12122 FIS, CLONE MAMMA1000129.	Q9HA75	63% 48% 92%	633 130 233	665 357 493
HRACD15	871221	480	WUblastx .64	(AAH08084) Hypothetical 50.4 kDa protein.	AAH08084	98%	1452	253
HRACD15	706332	857	WUblastx .64	(AAH08084) Hypothetical 50.4 kDa protein.	AAH08084	82% 98%	1649 1596	1581 253
HRACD80	1309774	481	WUblastx .64	(CAC37630) Fibulin-6 (Fragment).	CAC37630	44% 36% 45% 42% 47%	700 37 1282 1291 1291	1866 1446 1920 1584 1530
HRACD80	882163	858	HMMER 2.1.1	PFAM: EGF-like domain	PF00008	64.3	1337	1441
			WUblastx .64	(CAC37630) Fibulin-6 (Fragment).	CAC37630	44% 37% 45% 42% 47%	695 32 1277 1286 1286	1861 1441 1915 1579 1525
HRDDV47	637650	482	WUblastx .64	(Q9VXD6) CG9723 PROTEIN.	Q9VXD6	27%	224	964
HRDFD27	567004	483	WUblastx .64	(Q9N032) UNNAMED PROTEIN PRODUCT.	Q9N032	47%	679	476
HROAJ03	567005	484	WUblastx .64	(Q96A82) CDNA FLJ30106 fis, clone BNGH41000190, weakly similar to Rat	Q96A82	88%	7	786

HSATR82	531973	486	WUblastx .64	(Q9UI58) PRO0483 PROTEIN.	Q9UI58	80% 76%	678 605	707 682
HSAUL82	490879	488	WUblastx .64	(Q9BE22) HYPOTHETICAL 13.4 KDA PROTEIN.	Q9BE22	63%	546	701
HSAVH65	545459	489	WUblastx .64	(Q9CZR4) 2700018N07RIK PROTEIN.	Q9CZR4	92%	23	403
HSAVK10	561435	490	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	70% 63%	1055 1218	933 1030
HSAWD74	460527	491	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	67%	967	674
HSAWZ41	580872	492	WUblastx .64	(Q9H387) PRO2550.	Q9H387	81%	1386	1102
HSAXA83	545051	493	WUblastx .64	(Q9NRX6) PROTEIN X 013.	Q9NRX6	100%	92	313
HSAYB43	604143	494	WUblastx .64	(Q9N083) UNNAMED PORTEIN PRODUCT.	Q9N083	60% 50%	1662 1580	1573 1338
HSDAJ46	692358	496	HMMER 2.1.1	PFAM: Eukaryotic-type carbonic anhydrase	PF00194	163.5	362	793
			WUblastx .64	(Q9ULX7) CARBONIC ANHYDRASE XIV PRECURSOR (EC 4.2.1.1) (CAR	CAHE_HUMAN	99% 98%	299 791	796 1084
HSDEK49	1352253	497	WUblastx .64	(Q9Y279) Z39IG PROTEIN PRECURSOR.	Q9Y279	100%	60	1256
HSDEK49	625998	862	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	18.7	225	470

			WUblastx .64	(Q9Y279) Z39IG PROTEIN PRECURSOR.	Q9Y279	88% 99%	444 126	1040 542
HSDEZ20	1352287	499	WUblastx .64	probable voltage-activated cation channel - rat	pir|T17101|T17101	98%	4	336
HSDEZ20	704101	863	WUblastx .64	probable voltage-activated cation channel - rat	pir|T17101|T17101	89%	9	335
HSDFW45	589974	500	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	77%	1645	1352
HSDJA15	795252	501	WUblastx .64	(Q9BZW5) TRANSMEMBRANE 6 SUPERFAMILY MEMBER 1.	Q9BZW5	99%	4	702
HSDJL42	1036471	503	WUblastx .64	(Q9BVS2) UNKNOWN (PROTEIN FOR IMAGE:3451448) (FRAGMENT).	Q9BVS2	65%	57	590
HSDJL42	904821	864	WUblastx .64	(Q9BVS2) UNKNOWN (PROTEIN FOR IMAGE:3451448) (FRAGMENT).	Q9BVS2	65%	6	539
HSDJL42	905623	865	WUblastx .64	(Q9BVS2) UNKNOWN (PROTEIN FOR IMAGE:3451448) (FRAGMENT).	Q9BVS2	64%	57	590
HSDSE75	545057	506	WUblastx .64	(O60245) PCDH7 (BH-PCDH)A.	O60245	100%	10	702
HSDZR57	651375	507	WUblastx .64	(Q9NX00) CDNA FLJ20512 FIS, CLONE KAT09739.	Q9NX00	100%	9	209

HSHAX21	612823	508	WUblastx .64	(Q9NV22) CDNA FLJ10983 FIS, CLONE PLACE1001781, WEAKLY SIMILAR TO PRO	Q9NV22	99%	5	598
HSIAS17	1352191	509	WUblastx .64	(Q9H6H4) CDNA: FLJ22277 FIS, CLONE HRC03740.	Q9H6H4	100%	431	1201
HSIAS17	514183	867	WUblastx .64	(Q9H6H4) CDNA: FLJ22277 FIS, CLONE HRC03740.	Q9H6H4	100% 96%	108 350	362 877
HSICV24	1352248	510	WUblastx .64	(Q96J88) Putative breast epithelial stromal interaction protein.	Q96J88	100%	153	884
HSICV24	612877	868	WUblastx .64	(Q96J88) Putative breast epithelial stromal interaction protein.	Q96J88	100%	251	916
HSIDJ81	589447	511	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	74%	1289	996
HSIDX71	1033671	512	WUblastx .64	(AAK55521) PRO0764.	AAK55521	59% 65%	1829 1786	1764 1526
HSIDX71	902162	869	WUblastx .64	(AAK55521) PRO0764.	AAK55521	59% 65%	1825 1782	1760 1522
HSJBQ79	1304677	513	WUblastx .64	(Q96D15) Hypothetical 37.5 kDa protein.	Q96D15	96%	38	586
HSJBQ79	661698	870	HMMER 2.1.1	PFAM: EF hand	PF00036	23.4	663	734
			WUblastx .64	(Q96D15) Hypothetical 37.5 kDa protein.	Q96D15	99%	54	1037

HSJBQ79	371784	871	WUblastx .64	(Q96D15) Hypothetical 37.5 kDa protein.	Q96D15	97%	32	586
HSKCP69	702021	514	WUblastx .64	(Q9H5G5) CDNA: FLJ23462 FIS, CLONE HSI08475.	Q9H5G5	99%	49	906
HSKCP69	413210	872	WUblastx .64	(Q9H5G5) CDNA: FLJ23462 FIS, CLONE HSI08475.	Q9H5G5	96% 98%	49 234	243 905
HSKDA27	1352409	515	WUblastx .64	(BAB85613) URB.	BAB85613	83%	786	3635
HSKDA27	1074734	873	WUblastx .64	(BAB85613) URB.	BAB85613	60% 60% 52% 73% 32%	1601 1715 1718 127 1716	1789 1789 1792 1791 1790
HSKDA27	872570	874	WUblastx .64	(BAB85613) URB.	BAB85613	69% 32%	9 1597	1670 1671
HSODE04	906498	879	WUblastx .64	protein BYJ15 - common tobacco (fragment)	pir|T02229|T02229	36% 96%	1071 28	1136 102
HSQEO84	1306702	522	WUblastx .64	(Q96DA4) FK506-binding protein.	Q96DA4	100%	75	740
HSQEO84	602258	880	HMMER 2.1.1	PFAM: FKBP-type peptidyl-prolyl cis-trans isomerases	PF00254	92	-30	-326
			WUblastx .64	(Q96DA4) FK506-binding protein.	Q96DA4	100%	79	744
HSQEO84	401251	881	WUblastx .64	(O54998) FK506-BINDING PROTEIN 7 PRECURSOR (EC 5.2.1.8) (FKBP-23) (PE	O54998	75% 86%	86 216	241 740

HSSDX51	566879	524	WUblastx .64	(Q9NQ80) ASPIC PRECURSOR.	Q9NQ80	83% 40% 72% 41% 32% 26% 87%	15 301 10 174 78 99 323	368 399 69 266 251 257 1105
HSSGD52	1352343	526	WUblastx .64	(Q96FI8) Unknown (protein for MGC:9160).	Q96FI8	100%	344	2161
HSSGD52	845666	882	WUblastx .64	(Q96FI8) Unknown (protein for MGC:9160).	Q96FI8	100%	338	2155
HSSJC35	1306937	528	WUblastx .64	(Q9H400) DJ583P15.4.1 (NOVEL PROTEIN (TRANSLATION OF CDNA FLJ20406 (E	Q9H400	81%	62	946
HSSJC35	745409	883	WUblastx .64	(Q9H400) DJ583P15.4.1 (NOVEL PROTEIN (TRANSLATION OF CDNA FLJ20406 (E	Q9H400	100%	55	939
HSSJC35	716424	884	WUblastx .64	(Q9H400) DJ583P15.4.1 (NOVEL PROTEIN (TRANSLATION OF CDNA FLJ20406 (E	Q9H400	76% 69%	161 66	949 530
HSUBW09	413246	530	WUblastx .64	(Q95LL0) Hypothetical 11.3 kDa protein.	Q95LL0	73% 77%	589 327	633 611
HSVBU91	596868	533	WUblastx .64	cytoplasmic linker protein CLIP-115 - rat	pir|T42734|T42734	85%	356	171
HSXCG83	944388	534	WUblastx .64	(Q9H7F4) CDNA: FLJ20979 FIS, CLONE ADSU01938.	Q9H7F4	93%	101	901

HSXCG83	830673	885	WUblastx .64	(Q9H7F4) CDNA: FLJ20979 FIS, CLONE ADSU01938.	Q9H7F4	98%	4	726
HSXGI47	886200	536	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	Q9H728	56% 55%	585 762	860 965
HSYAV50	847358	537	HMMER 2.1.1	PFAM: Leucine Rich Repeat	PF00560	97.9	383	454
			WUblastx .64	(Q96CX1) Similar to RIKEN cDNA 2610528G05 gene (Fragment).	Q96CX1	96%	371	2170
HSYAZ50	902235	889	WUblastx .64	(Q96NR6) CDNA FLJ30278 fis, clone BRACE2002755.	Q96NR6	70%	1945	2064
HSYAZ50	882732	890	WUblastx .64	(Q9NVZ3) CDNA FLJ10420 FIS, CLONE NT2RP1000170.	Q9NVZ3	100%	50	838
HSYAZ63	1177537	540	WUblastx .64	(Q9Y613) FH1/FH2 DOMAINS-CONTAINING PROTEIN (FORMIN HOMOLOG	FHOS_HUMAN	98% 55% 81% 100% 92% 28% 42% 28% 33% 56% 73%	889 272 2101 478 3007 289 608 1015 2030 2005 2573	1713 544 2514 750 3090 654 670 1458 2119 2052 2941
HSYAZ63	862063	891	WUblastx	(Q9Y613) FH1/FH2	FHOS_HUMAN	69%	458	871

			.64	DOMAINS- CONTAINING PROTEIN (FORMIN HOMOLOG		92% 73% 52% 33% 100%	1364 930 362 387 14	1447 1298 418 476 70
HSYBG37	1056317	541	WUblastx .64	hypothetical protein c316G12.3 [imported] - human	pir|T45062|T45062	100%	47	961
HSYBG37	581098	892	WUblastx .64	hypothetical protein c316G12.3 [imported] - human	pir|T45062|T45062	100%	48	962
HSZAF47	1352172	542	WUblastx .64	(Q9BXJ2) COMPLEMENT-C1Q TUMOR NECROSIS FACTOR-RELATED PROTEIN.	Q9BXJ2	100%	106	972
HSZAF47	456551	893	HMMER 2.1.1	PFAM: Collagen triple helix repeat (20 copies)	PF01391	54.4	299	478
			WUblastx .64	(Q9BXJ2) COMPLEMENT-C1Q TUMOR NECROSIS FACTOR-RELATED PROTEIN.	Q9BXJ2	92%	107	976
HT3SF53	884170	543	WUblastx .64	(Q9H5B4) DJ470L14.2.1 (STAUFEN (RNA BINDING PROTEIN) ISOFORM 1).	Q9H5B4	100%	312	533
HT5GJ57	1299921	544	WUblastx .64	(Q9GZY6) CDNA FLJ11237 FIS, CLONE PLACE1008531	Q9GZY6	89%	105	833

				(WBSCR5) (WBSCR15 PROT				
HT5GJ57	740767	894	WUblastx .64	(Q9GZY6) CDNA FLJ11237 FIS, CLONE PLACE1008531 (WBSCR5) (WBSCR15 PROT	Q9GZY6	84%	122	856
HTADW91	844835	545	WUblastx .64	(Q8WV10) Hypothetical 38.4 kDa protein.	Q8WV10	86%	155	1117
HTADX17	753289	546	WUblastx .64	(Q96A28) CD84-H1 (CD2 FAMILY 10).	Q96A28	100% 99%	92 408	412 959
HTADX17	457172	895	WUblastx .64	(Q96A28) CD84-H1 (CD2 FAMILY 10).	Q96A28	78% 97% 99%	490 548 84	585 952 488
HTAEE28	1018291	547	WUblastx .64	(Q9D4I2) 4932408F18RIK PROTEIN.	Q9D4I2	78%	319	1161
HTAEE28	882919	896	WUblastx .64	(Q9D4I2) 4932408F18RIK PROTEIN.	Q9D4I2	78%	372	617
HTAEE28	864120	897	WUblastx .64	(Q9D4I2) 4932408F18RIK PROTEIN.	Q9D4I2	76%	142	768
HTDAF28	396835	548	WUblastx .64	(Q9BX79) STRA6 ISOFORM 1.	Q9BX79	98%	17	298
HTEAF65	866485	549	WUblastx .64	(AAH25354) Similar to putative.	AAH25354	100%	9	257
HTEBI28	462221	550	WUblastx .64	(Q95LI0) Epididymis-specific protein ESP13.6.	Q95LI0	46%	43	231
HTEDF80	587326	551	WUblastx	(Q9NP89)	Q9NP89	100%	253	327

			.64	HYPOTHETICAL 42.7 KDA PROTEIN (FRAGMENT).		91% 100% 75% 98% 66%	353 852 112 698 450	451 1073 210 856 863
HTEDY42	1352193	552	WUblastx .64	(Q96L06) Similar to RIKEN cDNA 1700011E04 gene.	Q96L06	100%	19	717
HTEDY42	519372	898	HMMER 2.1.1	PFAM: SCP-like extracellular protein	PF00188	20	-98	-193
			WUblastx .64	(Q96L06) Similar to RIKEN cDNA 1700011E04 gene.	Q96L06	100% 33% 94%	19 576 224	231 719 700
HTEGI42	908143	555	WUblastx .64	(Q8WW43) Hypothetical 28.5 kDa protein.	Q8WW43	99%	26	796
HTEGI42	904624	899	WUblastx .64	(Q8WW43) Hypothetical 28.5 kDa protein.	Q8WW43	99%	145	915
HTEGI42	850770	900	WUblastx .64	(AAL93028) Hypothetical 26.9 kDa protein.	AAL93028	76% 79% 79% 79% 79% 72% 81% 83% 96% 85% 79%	154 154 154 154 154 153 155 156 155 154 154	26 38 38 38 38 25 45 46 72 62 38
HTEGI42	847564	901	WUblastx .64	(Q14288) HYPOTHETICAL	Q14288	92% 61%	503 444	429 1

				PROTEIN (FRAGMENT).				
HTEHR24	835894	556	WUblastx .64	(Q9HBV2) SPERM MEMBRANE ANTIGEN SMARC32.	Q9HBV2	76%	84	959
HTEHR24	513039	903	WUblastx .64	(Q9HBV2) SPERM MEMBRANE ANTIGEN SMARC32.	Q9HBV2	76% 100% 96%	41 692 514	529 922 693
HTEHU93	722254	557	WUblastx .64	(O60676) CYSTATIN-RELATED EPIDIDYMAL SPERMATOGENIC PROTEIN	CRES_HUMAN	100%	188	613
HTEHU93	423009	904	HMMER 2.1.1	PFAM: Cystatin domain	PF00031	31.7	35	-105
			WUblastx .64	(O60676) CYSTATIN-RELATED EPIDIDYMAL SPERMATOGENIC PROTEIN	CRES_HUMAN	100% 78%	504 187	614 552
HTEJN13	1352272	560	WUblastx .64	(Q9BWY1) BA552M11.5 (NOVEL PROTEIN) (FRAGMENT).	Q9BWY1	100% 100%	158 351	193 779
HTEJN13	658744	905	WUblastx .64	(Q9DAR9) 1700001D09RIK PROTEIN.	Q9DAR9	60% 77%	525 163	743 516
HTEJN13	381941	906	WUblastx .64	(Q9HBK8) AD026.	Q9HBK8	92% 94%	191 214	229 633
HTEPG70	834931	562	WUblastx .64	(O75295) R27328_2.	O75295	93%	23	268

HTGAU75	597467	563	WUblastx .64	(Q9NZX5) HSPC062.	Q9NZX5	55% 72%	502 149	672 661
HTGEP89	410582	564	WUblastx .64	(Q9DAL9) 1700007K09RIK PROTEIN.	Q9DAL9	44%	258	566
HTHBG43	919911	565	WUblastx .64	(Q9NX17) CDNA FLJ20489 FIS, CLONE KAT08285.	Q9NX17	52%	846	517
HTHDJ94	693652	567	HMMER 2.1.1	PFAM: Oxidoreductase FAD/NAD-binding domain	PF00175	160.3	552	896
			WUblastx .64	(Q9UHQ9) NADH-CYTOCHROME B5 REDUCTASE ISOFORM.	Q9UHQ9	89%	66	941
HTHDS25	772559	568	WUblastx .64	(Q9P1H3) PRO1438.	Q9P1H3	66%	1045	911
HTJMA95	706618	569	HMMER 2.1.1	PFAM: Ammonium Transporter Family	PF00909	62.1	533	691
			WUblastx .64	(Q9UBD6) RH TYPE C GLYCOPROTEIN (TUMOR-RELATED PROTEIN DRC2).	Q9UBD6	98% 100%	3 449	455 1069
HTJML75	1040047	570	WUblastx .64	(Q9UJX6) ANAPHASE-PROMOTING COMPLEX SUBUNIT 2.	Q9UJX6	100%	30	2495
HTJML75	873355	909	WUblastx .64	(Q9UJX6) ANAPHASE-PROMOTING COMPLEX SUBUNIT 2.	Q9UJX6	95% 98% 94%	40 423 911	423 1016 2503
HTLAA40	519329	571	WUblastx	(Q9NV11) CDNA	Q9NV11	100%	360	482

			.64	FLJ11004 FIS, CLONE PLACE1002941.		100%	14	217
HTLBE23	902187	572	WUblastx .64	(Q96M29) CDNA FLJ32871 fis, clone TESTI2003914, weakly similar to Tek	Q96M29	98% 93% 81%	176 840 1112	838 980 1177
HTLBE23	885431	910	WUblastx .64	(Q96M29) CDNA FLJ32871 fis, clone TESTI2003914, weakly similar to Tek	Q96M29	92%	796	98
HTLEP53	634852	573	WUblastx .64	(Q8WTZ3) Hypothetical 27.2 kDa protein.	Q8WTZ3	66% 68%	543 806	499 534
HTLFE42	460583	574	WUblastx .64	(Q9NSI0) PRED58 PROTEIN (FRAGMENT).	Q9NSI0	99%	17	346
HTLFE57	1352310	575	WUblastx .64	(Q9D2V1) 2310009N05RIK PROTEIN.	Q9D2V1	88%	1	687
HTLFE57	791409	911	WUblastx .64	(Q9D7G6) 2310009N05RIK PROTEIN.	Q9D7G6	90%	12	698
HTLFE57	608317	912	WUblastx .64	(Q9D7G6) 2310009N05RIK PROTEIN.	Q9D7G6	90%	2	619
HTLGE31	1035130	576	WUblastx .64	(Q9NY64) GLUCOSE TRANSPORTER.	Q9NY64	81%	3	149
HTLHY14	838460	577	WUblastx .64	(Q96L02) Hypothetical 24.5 kDa protein.	Q96L02	99% 100%	36 528	434 773
HTLIT32	833906	578	WUblastx .64	(Q96QH1) NB1 Glycoprotein precursor.	Q96QH1	32% 28%	312 330	932 1007

HTLIV19	1046341	579	WUblastx .64	(Q96LS9) CDNA FLJ25101 fis, clone CBR01328.	Q96LS9	50% 69%	119 178	172 315
HTODK73	526021	582	WUblastx .64	(Q9H8P2) CDNA FLJ13348 FIS, CLONE OVARC1002127, WEAKLY SIMILAR TO SOD	Q9H8P2	93% 100% 71% 43% 61% 80%	404 567 433 4 418 21	448 707 474 189 519 401
HTOHM15	1028538	585	WUblastx .64	(Q9NVL9) CDNA FLJ10649 FIS, CLONE NT2RP2005835, WEAKLY SIMILAR TO SHP	Q9NVL9	96% 100%	1641 1507	1718 1650
HTOHM15	848200	915	HMMER 2.1.1	PFAM: UBX domain	PF00789	97.6	794	1033
			WUblastx .64	(Q9H102) DJ776F14.1 (ORTHOLOG OF MOUSE P47).	Q9H102	100% 97%	37 95	129 1036
HTOHM15	848196	916	WUblastx .64	(Q9NVL9) CDNA FLJ10649 FIS, CLONE NT2RP2005835, WEAKLY SIMILAR TO SHP	Q9NVL9	96% 100%	1307 1173	1384 1316
HTOIZ02	847904	917	WUblastx .64	ataxin 7 - human	pir|T09193|T09193	99% 31% 47% 28% 97%	714 437 303 224 2	1196 619 359 718 736
HTOJA73	797108	589	WUblastx	(Q9H387) PRO2550.	Q9H387	63%	1044	955

			.64			74%	1246	1046
HTOJK60	545067	590	WUblastx .64	(Q9HA67) CDNA FLJ12155 FIS, CLONE MAMMA1000472.	Q9HA67	73% 78%	745 870	644 757
HTPBW79	1317835	591	WUblastx .64	(Q96S93) Hypothetical 41.7 kDa protein.	Q96S93	100%	178	1263
HTPBW79	581435	918	WUblastx .64	(Q96S93) Hypothetical 41.7 kDa protein.	Q96S93	99%	302	1387
HTPBW79	396459	919	WUblastx .64	(Q9BWS9) UNKNOWN (PROTEIN FOR MGC:3234).	Q9BWS9	62% 99%	1198 92	1269 1243
HTTDB46	812763	593	WUblastx .64	(Q9Y2C7) BUTYROPHILIN LIKE RECEPTOR.	Q9Y2C7	70% 83% 59% 100%	106 727 1007 1644	543 762 1072 2180
HTTDB46	909573	920	HMMER 2.1.1	PFAM: SPRY domain	PF00622	65.9	-956	-1276
HTWCT03	429618	594	WUblastx .64	(O95014) WUGSC:H_DJ0855D21.2 PROTEIN.	O95014	82%	1488	1592
HTWDF76	714344	595	WUblastx .64	(Q9BTF2) REC8P, A MEIOTIC RECOMBINATION AND SISTER CHROMATID COHESION	Q9BTF2	100% 92% 27% 35% 37% 79% 70% 76%	792 370 7 179 379 542 179 4	875 510 498 238 525 688 280 192
HTXAJ12	1310814	596	WUblastx .64	(Q9D7W4) 2210021G21RIK	Q9D7W4	45% 57%	12 97	77 273

				PROTEIN.				
HTXAJ12	567434	921	WUblastx .64	(AAH24685) Similar to transmembrane 4 superfamily m	AAH24685	100% 98%	9 97	95 267
HTXDW56	695765	598	WUblastx .64	(Q96A54) Similar to CGI-45 protein (Hypothetical 42.6 kDa protein).	Q96A54	99%	7	819
HTXFL30	620001	599	WUblastx .64	(Q96KR5) Leishmanolysin-like peptidase, variant 2 (EC 3.4.24.36).	Q96KR5	98% 100% 100% 100%	305 30 213 68	1990 68 299 94
HTXKF95	891275	600	WUblastx .64	(AAH08360) Similar to hypothetical protein FLJ22376	AAH08360	84% 92%	324 81	644 203
HTXKF95	834438	923	WUblastx .64	(AAH08360) Similar to hypothetical protein FLJ22376	AAH08360	100%	2	553
HTXKP61	824083	601	WUblastx .64	(Q9H0S8) HYPOTHETICAL 53.0 KDA PROTEIN.	Q9H0S8	83%	3	1064
HUDBZ89	1352211	602	WUblastx .64	(Q9VH80) CG16908 PROTEIN.	Q9VH80	23%	271	1530
HUDBZ89	562791	924	WUblastx .64	(Q9VH80) CG16908 PROTEIN.	Q9VH80	22% 33%	7 330	327 641
HUFEF62	645101	604	WUblastx .64	hypothetical L1 protein (third intron of gene TS) - human	pir|JU0033|JU0033	81% 84%	355 314	308 12
HUFEF62	630097	926	WUblastx .64	hypothetical L1 protein (third intron of gene TS) - human	pir|JU0033|JU0033	81% 84%	347 306	300 4

HUKAH51	1352424	605	WUblastx .64	(Q96NZ9) Proline-rich acidic protein.	Q96NZ9	100%	286	738
HUKAH51	1300737	927	WUblastx .64	(Q96NZ9) Proline-rich acidic protein.	Q96NZ9	94%	144	569
HUKAH51	603538	928	WUblastx .64	(Q96NZ9) Proline-rich acidic protein.	Q96NZ9	100% 93%	462 55	479 462
HUKBT29	694590	606	WUblastx .64	(Q96AA2) Obscurin.	Q96AA2	82% 30% 33% 29% 100% 34% 28%	131 520 500 152 1039 597 134	1300 597 571 370 1338 710 316
HUSIG64	566762	607	WUblastx .64	(O60763) GENERAL VESICULAR TRANSPORT FACTOR P115 (TRANSCYTO	VDP_HUMAN	100%	9	977
HUSXS50	1352367	608	WUblastx .64	(Q9Y3I1) F-BOX ONLY PROTEIN 7.	FBX7_HUMAN	100%	280	1845
HUSXS50	883176	929	WUblastx .64	(AAH08361) F-box only protein 7.	AAH08361	99% 42% 100%	281 1566 1067	1069 1622 1666
HUSXS50	655372	930	WUblastx .64	(AAH08361) F-box only protein 7.	AAH08361	77% 26% 100%	1 43 317	459 219 700
HVARW53	1194812	609	WUblastx .64	(Q9V6L4) CG12251 PROTEIN.	Q9V6L4	38% 24%	623 87	748 620
HVARW53	1044491	931	WUblastx .64	(Q9V6L4) CG12251 PROTEIN.	Q9V6L4	40% 25%	569 72	673 581
HWAAD63	838626	610	HMMER	PFAM: Sodium/calcium	PF01699	62.8	346	453

			2.1.1	exchanger protein				
			WUblastx .64	(Q9HC58) SODIUM/CALCIUM EXCHANGER NCKX3.	Q9HC58	65%	229	813
HWAAD63	833089	932	HMMER 2.1.1	PFAM: Sodium/calcium exchanger protein	PF01699	37.8	346	453
			WUblastx .64	(Q9HC58) SODIUM/CALCIUM EXCHANGER NCKX3.	Q9HC58	78% 55% 72%	229 429 533	453 596 814
HWAAD63	793875	933	HMMER 2.1.1	PFAM: Sodium/calcium exchanger protein	PF01699	113.7	336	773
			WUblastx .64	(Q9HC58) SODIUM/CALCIUM EXCHANGER NCKX3.	Q9HC58	76%	219	806
HWABY10	768334	612	WUblastx .64	(Q96AW1) Hypothetical 19.2 kDa protein.	Q96AW1	100%	165	665
HWBAO62	838164	614	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	27.9	202	402
			WUblastx .64	(Q14288) HYPOTHETICAL PROTEIN (FRAGMENT).	Q14288	45% 66% 62% 55%	1331 1158 1847 1594	1618 1334 1894 1839
HWBAO62	625914	934	WUblastx .64	(Q14288) HYPOTHETICAL PROTEIN (FRAGMENT).	Q14288	43% 62% 66% 55%	1358 1874 1185 1621	1645 1921 1361 1866
HWBAR88	836469	615	WUblastx .64	(Q9Y2C2) DERMATAN/CHONDROITIN SULFATE 2-SULFOTRANSFERASE.	Q9Y2C2	96% 100% 83%	215 107 958	982 241 1050

HWBCB89	1093347	616	WUblastx .64	(BAB55294) CDNA FLJ14777 fis, clone NT2RP4000259, w	BAB55294	100%	37	597
HWBCB89	886210	935	HMMER 2.1.1	PFAM: Glutathione peroxidases	PF00255	170.2	104	433
			WUblastx .64	(BAB55294) CDNA FLJ14777 fis, clone NT2RP4000259, w	BAB55294	100%	35	595
HWBCP79	846382	617	WUblastx .64	(Q96MM0) CDNA FLJ32172 fis, clone PLACE6000555.	Q96MM0	27% 85%	340 158	143 78
HWBCP79	646977	936	WUblastx .64	(Q96MM0) CDNA FLJ32172 fis, clone PLACE6000555.	Q96MM0	27% 85%	330 148	133 68
HWBDP28	1352265	618	WUblastx .64	(Q9H687) CDNA: FLJ22494 FIS, CLONE HRC11131.	Q9H687	99%	480	1079
HWBFE57	907063	619	WUblastx .64	(Q9NR73) MACROPHAGE ABC TRANSPORTER.	Q9NR73	93%	206	1048
HWBFE57	907067	938	WUblastx .64	(Q96S58) ABCA-SSN.	Q96S58	99% 50% 97% 29% 47% 29% 29% 29% 37% 32%	2784 952 5801 4499 4550 528 3727 5062 4123 3274	196 905 5133 4134 4500 109 3587 4907 3362 3038

						37% 36% 52% 31% 29% 20% 94% 97% 20%	1293 2152 5014 254 5233 4881 4462 5169 2049	532 2003 4964 123 5132 4561 2783 4423 1708
HWBFE57	876136	939	WUblastx .64	(Q14287) HYPOTHETICAL PROTEIN (FRAGMENT).	Q14287	58%	252	13
HWDAH38	1028519	621	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	71% 69% 48%	943 1113 1600	1119 1250 1340
HWDAH38	889281	941	WUblastx .64	(Q64150) NUCLEAR LOCALIZATION SIGNAL BINDING PROTEIN.	Q64150	60%	795	673
HWHGP71	995431	622	HMMER 2.1.1	PFAM: 7 transmembrane receptor (rhodopsin family)	PF00001	31.2	389	766
			WUblastx .64	leukotriene B4 receptor 2, BLTR2 - human	pir|JC7356|JC7356	56% 47% 74%	766 434 101	1020 484 766
HWHGP71	839250	942	blastx.2	(AJ278605) leukotriene B4 receptor 2 [Homo sapiens]	emb|CAB96134.1|	77% 100% 58%	106 555 776	465 770 1036
HWHGQ49	1352257	623	WUblastx	(AAH25278) Androgen	AAH25278	100%	26	706

			.64	induced protein.				
HWHGQ49	636080	943	WUblastx .64	(AAH25278) Androgen induced protein.	AAH25278	93%	42	725
HWHGU54	695695	624	HMMER 2.1.1	PFAM: Serpins (serine protease inhibitors)	PF00079	501.1	277	1377
			WUblastx .64	(AAL99574) OL-64 protein.	AAL99574	62%	145	1377
HWHGZ51	886212	625	WUblastx .64	(Q9UJ74) HYPOTHETICAL 36.0 KDA PROTEIN (C4.4A PROTEIN).	Q9UJ74	100%	33	1070
HWHHL34	805642	626	WUblastx .64	(O75915) JWA PROTEIN (HSPC127) (VITAMIN A RESPONSIVE, CYTOSKELETON RE	O75915	100%	131	694
HWHHL34	801943	944	WUblastx .64	(O75915) JWA PROTEIN (HSPC127) (VITAMIN A RESPONSIVE, CYTOSKELETON RE	O75915	92%	53	613
HWHHL34	341560	945	WUblastx .64	(O75915) JWA PROTEIN (HSPC127) (VITAMIN A RESPONSIVE, CYTOSKELETON RE	O75915	100%	101	664
HWLEV32	1032602	627	WUblastx .64	(O00378) PUTATIVE P150.	O00378	44% 38%	684 556	535 17
HWLEV32	873296	946	WUblastx .64	retrovirus-related reverse transcriptase pseudogene - human	pir|A25313|GNHUL1	50% 40%	614 510	525 7
HWLEV32	881710	947	WUblastx .64	(BAB85074) CDNA FLJ23835 fis, clone	BAB85074	97%	61	396

				KAIA2214.				
HWLEV32	846351	948	WUblastx .64	(BAB85074) CDNA FLJ23835 fis, clone KAIA2214.	BAB85074	99%	2	409
HWLIH65	793713	628	HMMER 2.1.1	PFAM: Integral membrane protein	PF01940	49.3	147	455
			WUblastx .64	(AAH08596) Unknown (protein for MGC:16985).	AAH08596	98%	81	623
HYAAJ71	826754	630	WUblastx .64	(Q9NX17) CDNA FLJ20489 FIS, CLONE KAT08285.	Q9NX17	62%	1147	1464
HUSBA88	895435	631	HMMER 2.1.1	PFAM: Glycosyl hydrolase family 47	PF01532	694	783	2102
			WUblastx .64	(Q9UKM7) ALPHA 1,2-MANNOSIDASE.	Q9UKM7	94%	18	2114

RACE Protocol For Recovery of Full-Length Genes

Partial cDNA clones can be made full-length by utilizing the rapid amplification of cDNA ends (RACE) procedure described in Frohman, M.A., et al., Proc. Nat'l. Acad. Sci. USA, 85:8998-9002 (1988). A cDNA clone missing either the 5' or 3' end can be reconstructed to include the absent base pairs extending to the translational start or stop codon, respectively. In some cases, cDNAs are missing the start codon of translation, therefor. The following briefly describes a modification of this original 5' RACE procedure. Poly A+ or total RNA is reverse transcribed with Superscript II (Gibco/BRL) and an antisense or complementary primer specific to the cDNA sequence. The primer is removed from the reaction with a Microcon Concentrator (Amicon). The first-strand cDNA is then tailed with dATP and terminal deoxynucleotide transferase (Gibco/BRL). Thus, an anchor sequence is produced which is needed for PCR amplification. The second strand is synthesized from the dA-tail in PCR buffer, Taq DNA polymerase (Perkin-Elmer Cetus), an oligo-dT primer containing three adjacent restriction sites (XhoI, SalI and ClaI) at the 5' end and a primer containing just these restriction sites. This double-stranded cDNA is PCR amplified for 40 cycles with the same primers as well as a nested cDNA-specific antisense primer. The PCR products are size-separated on an ethidium bromide-agarose gel and the region of gel containing cDNA products the predicted size of missing protein-coding DNA is removed. cDNA is purified from the agarose with the Magic PCR Prep kit (~~Promega~~PROMEGA™™), restriction digested with XhoI or SalI, and ligated to a plasmid such as ~~pBluescript~~pBLUESCRIPT™ SKII (~~Stratagene~~STRATAGENE™) at XhoI and EcoRV sites. This DNA is transformed into bacteria and the plasmid clones sequenced to identify the correct protein-coding inserts. Correct 5' ends are confirmed by comparing this sequence with the putatively identified homologue and overlap with the partial cDNA clone. Similar methods known in the art and/or commercial kits are used to amplify and recover 3' ends.

Several quality-controlled kits are commercially available for purchase. Similar reagents and methods to those above are supplied in kit form from Gibco/BRL for both 5' and 3' RACE for recovery of full length genes. A second kit is available from ~~Clontech~~CLONTECH™ which is a modification of a related technique, SLIC (single-stranded ligation to single-stranded cDNA), developed by Dumas et al., Nucleic Acids Res., 19:5227-32 (1991). The major differences in procedure are that the RNA is alkaline hydrolyzed after reverse transcription and RNA ligase is used to join a restriction site-containing anchor primer to the first-strand cDNA. This obviates the necessity for the dA-tailing reaction which results in a polyT stretch that is difficult to sequence past.

An alternative to generating 5' or 3' cDNA from RNA is to use cDNA library double-stranded DNA. An asymmetric PCR-amplified antisense cDNA strand is synthesized with an antisense cDNA-specific primer and a plasmid-anchored primer. These primers are removed and a

symmetric PCR reaction is performed with a nested cDNA-specific antisense primer and the plasmid-anchored primer.

RNA Ligase Protocol For Generating The 5' or 3' End Sequences To Obtain Full Length Genes

Once a gene of interest is identified, several methods are available for the identification of the 5' or 3' portions of the gene which may not be present in the original cDNA plasmid. These methods include, but are not limited to, filter probing, clone enrichment using specific probes and protocols similar and identical to 5' and 3' RACE. While the full length gene may be present in the library and can be identified by probing, a useful method for generating the 5' or 3' end is to use the existing sequence information from the original cDNA to generate the missing information. A method similar to 5' RACE is available for generating the missing 5' end of a desired full-length gene. (This method was published by Fromont-Racine et al., Nucleic Acids Res., 21(7):1683-1684 (1993)). Briefly, a specific RNA oligonucleotide is ligated to the 5' ends of a population of RNA presumably containing full-length gene RNA transcript and a primer set containing a primer specific to the ligated RNA oligonucleotide and a primer specific to a known sequence of the gene of interest, is used to PCR amplify the 5' portion of the desired full length gene which may then be sequenced and used to generate the full length gene. This method starts with total RNA isolated from the desired source, poly A RNA may be used but is not a prerequisite for this procedure. The RNA preparation may then be treated with phosphatase if necessary to eliminate 5' phosphate groups on degraded or damaged RNA which may interfere with the later RNA ligase step. The phosphatase if used is then inactivated and the RNA is treated with tobacco acid pyrophosphatase in order to remove the cap structure present at the 5' ends of messenger RNAs. This reaction leaves a 5' phosphate group at the 5' end of the cap cleaved RNA which can then be ligated to an RNA oligonucleotide using T4 RNA ligase. This modified RNA preparation can then be used as a template for first strand cDNA synthesis using a gene specific oligonucleotide. The first strand synthesis reaction can then be used as a template for PCR amplification of the desired 5' end using a primer specific to the ligated RNA oligonucleotide and a primer specific to the known sequence of the gene of interest. The resultant product is then sequenced and analyzed to confirm that the 5' end sequence belongs to the relevant gene.

The present invention also relates to vectors or plasmids which include such DNA sequences, as well as the use of the DNA sequences. The material deposited with the ~~ATCC~~ATCC™ (e.g., as described in columns 2 and 3 of Table 1A, and/or as set forth in Table 1B, Table 6, or Table 7) is a mixture of cDNA clones derived from a variety of human tissue and cloned in either a plasmid vector or a phage vector, as described, for example, in Table 1A and Table 7. These deposits are referred to as "the deposits" herein. The tissues from which some of the clones were derived are listed in Table 7, and the vector in which the corresponding cDNA is

contained is also indicated in Table 7. The deposited material includes cDNA clones corresponding to SEQ ID NO:X described, for example, in Table 1A and/or Table 1B (~~ATCC~~ATCC™ Deposit No:Z). A clone which is isolatable from the ~~ATCC~~ATCC™ Deposits by use of a sequence listed as SEQ ID NO:X, may include the entire coding region of a human gene or in other cases such clone may include a substantial portion of the coding region of a human gene. Furthermore, although the sequence listing may in some instances list only a portion of the DNA sequence in a clone included in the ~~ATCC~~ATCC™ Deposits, it is well within the ability of one skilled in the art to sequence the DNA included in a clone contained in the ~~ATCC~~ATCC™ Deposits by use of a sequence (or portion thereof) described in, for example Tables 1A and/or Table 1B or Table 2, by procedures hereinafter further described, and others apparent to those skilled in the art.

Also provided in Table 1A and Table 7 is the name of the vector which contains the cDNA clone. Each vector is routinely used in the art. The following additional information is provided for convenience.

Vectors Lambda Zap (U.S. Patent Nos. 5,128,256 and 5,286,636), Uni-Zap XR (U.S. Patent Nos. 5,128, 256 and 5,286,636), Zap Express (U.S. Patent Nos. 5,128,256 and 5,286,636), ~~pBluescript~~pBLUESCRIPT™ (pBS) (Short, J. M. et al., *Nucleic Acids Res. 16:*7583-7600 (1988); Alting-Mees, M. A. and Short, J. M., *Nucleic Acids Res. 17:*9494 (1989)) and pBK (Alting-Mees, M. A. et al., *Strategies 5:*58-61 (1992)) are commercially available from ~~Stratagene~~STRATAGENE™ Cloning Systems, Inc., 11011 N. Torrey Pines Road, La Jolla, CA, 92037. pBS contains an ampicillin resistance gene and pBK contains a neomycin resistance gene. Phagemid pBS may be excised from the Lambda Zap and Uni-Zap XR vectors, and phagemid pBK may be excised from the Zap Express vector. Both phagemids may be transformed into *E. coli* strain XL-1 Blue, also available from ~~Stratagene~~STRATAGENE™.

Vectors pSport1, pCMVSport 1.0, pCMVSport 2.0 and pCMVSport 3.0, were obtained from ~~Life Technologies~~LIFE TECHNOLOGIES™, Inc., P. O. Box 6009, Gaithersburg, MD 20897. All Sport vectors contain an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, also available from ~~Life Technologies~~LIFE TECHNOLOGIES™. See, for instance, Gruber, C. E., et al., *Focus 15:*59- (1993). Vector lafmid BA (Bento Soares, Columbia University, New York, NY) contains an ampicillin resistance gene and can be transformed into *E. coli* strain XL-1 Blue. Vector pCR®2.1, which is available from Invitrogen, 1600 Faraday Avenue, Carlsbad, CA 92008, contains an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, available from ~~Life Technologies~~LIFE TECHNOLOGIES™. See, for instance, Clark, J. M., *Nuc. Acids Res. 16:*9677-9686 (1988) and Mead, D. *et al., Bio/Technology 9:* (1991).

The present invention also relates to the genes corresponding to SEQ ID NO:X, SEQ ID NO:Y, and/or the deposited clone (~~ATCC~~ATCC™ Deposit No:Z). The corresponding gene can be isolated in accordance with known methods using the sequence information disclosed herein.

Such methods include preparing probes or primers from the disclosed sequence and identifying or amplifying the corresponding gene from appropriate sources of genomic material.

Also provided in the present invention are allelic variants, orthologs, and/or species homologs. Procedures known in the art can be used to obtain full-length genes, allelic variants, splice variants, full-length coding portions, orthologs, and/or species homologs of genes corresponding to SEQ ID NO:X or the complement thereof, polypeptides encoded by genes corresponding to SEQ ID NO:X or the complement thereof, and/or the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z, using information from the sequences disclosed herein or the clones deposited with the ~~ATCC~~ATCC™. For example, allelic variants and/or species homologs may be isolated and identified by making suitable probes or primers from the sequences provided herein and screening a suitable nucleic acid source for allelic variants and/or the desired homologue.

The polypeptides of the invention can be prepared in any suitable manner. Such polypeptides include isolated naturally occurring polypeptides, recombinantly produced polypeptides, synthetically produced polypeptides, or polypeptides produced by a combination of these methods. Means for preparing such polypeptides are well understood in the art.

The polypeptides may be in the form of the secreted protein, including the mature form, or may be a part of a larger protein, such as a fusion protein (see below). It is often advantageous to include an additional amino acid sequence which contains secretory or leader sequences, pro-sequences, sequences which aid in purification, such as multiple histidine residues, or an additional sequence for stability during recombinant production.

The polypeptides of the present invention are preferably provided in an isolated form, and preferably are substantially purified. A recombinantly produced version of a polypeptide, including the secreted polypeptide, can be substantially purified using techniques described herein or otherwise known in the art, such as, for example, by the one-step method described in Smith and Johnson, Gene 67:31-40 (1988). Polypeptides of the invention also can be purified from natural, synthetic or recombinant sources using techniques described herein or otherwise known in the art, such as, for example, antibodies of the invention raised against the polypeptides of the present invention in methods which are well known in the art.

The present invention provides a polynucleotide comprising, or alternatively consisting of, the nucleic acid sequence of SEQ ID NO:X, and/or the cDNA sequence contained in ~~ATCC~~ATCC™ Deposit No:Z. The present invention also provides a polypeptide comprising, or alternatively, consisting of, the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X or a complement thereof, a polypeptide encoded by the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z, and/or the polypeptide sequence encoded by a nucleotide sequence in SEQ ID NO:B as defined in column 6 of Table 1C. Polynucleotides encoding a polypeptide comprising, or alternatively consisting of the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X, a polypeptide encoded by the cDNA contained in

~~ATCC~~ATCC™ Deposit No:Z, and/or a polypeptide sequence encoded by a nucleotide sequence in SEQ ID NO:B as defined in column 6 of Table 1C are also encompassed by the invention. The present invention further encompasses a polynucleotide comprising, or alternatively consisting of, the complement of the nucleic acid sequence of SEQ ID NO:X, a nucleic acid sequence encoding a polypeptide encoded by the complement of the nucleic acid sequence of SEQ ID NO:X, and/or the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z.

Moreover, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in Table 1C column 6, or any combination thereof. Additional, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in Table 1C column 6, or any combination thereof. In further embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides and polypeptides are also encompassed by the invention.

Further, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1), or any combination thereof. Additional, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1), or any combination thereof. In further embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1) and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described

polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1) and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1) and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides and polypeptides are also encompassed by the invention.

Further, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2), or any combination thereof. Additional, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2), or any combination thereof. In further embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2) and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2) and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2) and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (See Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides and polypeptides are also encompassed by the invention.

Moreover, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in the same row of Table 1C column 6, or any combination thereof. Additional, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in the same row of Table 1C column 6, or any combination thereof. In preferred embodiments, the polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in the same row of Table 1C column 6, wherein sequentially delineated sequences in the table (i.e. corresponding to those exons located closest to each other) are directly contiguous in a 5' to 3' orientation. In further embodiments, above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in the same row of Table 1C, column 6, and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in the same row of Table 1C, column 6, and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in the same row of Table 1C, column 6, and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C, and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1C, column 2) or fragments or variants thereof. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1), and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1A, Table 1B, or Table 1C) or fragments or variants thereof. In preferred embodiments, the delineated sequence(s) and polynucleotide sequence of SEQ ID NO:X correspond to the same Clone ID. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In further specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in the same row of column 6 of Table 1C, and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1A, Table 1B, or Table 1C) or fragments or variants thereof. In preferred embodiments, the delineated sequence(s) and polynucleotide sequence of SEQ ID NO:X correspond to the same row of column 6 of Table 1C. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of the sequence of SEQ ID NO:X are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of a fragment or variant of the sequence of SEQ ID NO:X are directly contiguous Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of the sequence of SEQ ID NO:X and the 5' 10 polynucleotides of the sequence of one of the sequences delineated in column 6 of Table 1C are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the

invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of a fragment or variant of the sequence of SEQ ID NO:X and the 5' 10 polynucleotides of the sequence of one of the sequences delineated in column 6 of Table 1C are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides, are also encompassed by the invention.

In further specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of another sequence in column 6 are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of another sequence in column 6 corresponding to the same Clone ID (see Table 1C, column 1) are directly contiguous. Nucleic acids which hybridize to the complement of these 20 lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one sequence in column 6 corresponding to the same contig sequence identifer SEQ ID NO:X (see Table 1C, column 2) are directly contiguous. Nucleic acids which hybridize to the complement of these 20

contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of another sequence in column 6 corresponding to the same row are directly contiguous. In preferred embodiments, the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C is directly contiguous with the 5' 10 polynucleotides of the next sequential exon delineated in Table 1C, column 6. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

Table 3

Many polynucleotide sequences, such as EST sequences, are publicly available and accessible through sequence databases and may have been publicly available prior to conception of the present invention. Preferably, such related polynucleotides are specifically excluded from the scope of the present invention. Accordingly, for each contig sequence (SEQ ID NO:X) listed in the fifth column of Table 1A and/or the fourth column of Table 1B, preferably excluded are one or more polynucleotides comprising a nucleotide sequence described by the general formula of a-b, where a is any integer between 1 and the final nucleotide minus 15 of SEQ ID NO:X, b is an integer of 15 to the final nucleotide of SEQ ID NO:X, where both a and b correspond to the positions of nucleotide residues shown in SEQ ID NO:X, and where b is greater than or equal to a + 14. More specifically, preferably excluded are one or more polynucleotides comprising a nucleotide sequence described by the general formula of a-b, where a and b are integers as defined in columns 4 and 5, respectively, of Table 3. In specific embodiments, the polynucleotides of the invention do not consist of at least one, two, three, four, five, ten, or more of the specific polynucleotide sequences referenced by the Genbank Accession No. as disclosed in column 6 of Table 3 (including for example, published sequence in connection with a particular BAC clone). In further embodiments, preferably excluded from the invention are the specific polynucleotide

sequence(s) contained in the clones corresponding to at least one, two, three, four, five, ten, or more of the available material having the accession numbers identified in the sixth column of this Table (including for example, the actual sequence contained in an identified BAC clone). In no way is this listing meant to encompass all of the sequences which may be excluded by the general formula, it is just a representative example. All references available through these accessions are hereby incorporated by reference in their entirety

Table 3

cDNA Clone ID	SEQ ID NO: X	Contig ID:	EST Disclaimer Range of a	EST Disclaimer Range of b	Accession Numbers
H2CBG48	11	745365	1 - 2783	15 - 2797	AL536879, AL536880, AW974652, BF978951, AI761251, AI655763, AA307225, AA628063, AW043567, AW376300, AI693827, BE047125, AI129587, AI701013, AA651730, AW172361, AW339506, AW085916, AA457150, AA052951, AI582629, AV688972, BF820514, AI590194, AW085909, AA916242, AI000008, AA962570, N52070, AA293021, AI371342, BF891108, AA058439, BF946218, BF891008, AV689991, AV690900, AI458885, AI962506, H40784, AI364207, AA464514, AW994164, BF946219, AV656660, BF891112, AA336322, AA337109, AI824603, AA336509, AA336407, BF036975, AA337222, N46906, AA464515, AA319240, AA765507, AW361203, AA053434, AI928199, AW299270, AV713792, N50282, AA056762, BE708029, AW361192, W07762, AL513817, BE965014, AI866082, AL513723, AI689470, AI684244, AI866624, BF970652, AW024594, AL514691, BF525392, AL047100, AL513687, AI963763, AI925404, AL514473, BE966388, AI634249, AI241901, AA580663, AL513553, AI584130, AV727963, BF868489, AI973288, AI499570, AI638644, AI745684, AI765323, AI583065, AI909697, BG058398, BE964967, AL514085, BE966547, AI889818, AI890223, AI473536, AL036187, AI521799, BE892325, AL514145, AL046466, AI636811, AI540179, AW262983, AL513779, AI345415, BG110192, AV761267, AL514493, BG030785, BE879336, AI590043, AV696866, AI417790, AI698391, AW088628, AL514359, AI916419, AI433647, AI690536, AI690748, AW081383, AL514497, AL513755, BE965732, AL514455, AW129264, AI382670, AI689557, AI357940, AI277008, AA761608, AW079334, AI884318, AL514047, AI493576, AI421903, BE967005, AI590227, AW105460, AI719817, AL037582, AL037602, AV682533, BF766531, AW161202, AI469505, AI491775, AW020397, AI744243, BE540578, AI953765, AW834282, BE966577, AL514867, AI635851, AW075382, BE962903, AL514871, AL514469, AL515195, BF309444, AV747571, AI873638, AI524724, AI440239, AL514899, BE967070, AI679550, AI345612, AL514457, BF039003, AA743354, BF792961, AL513911, AA631120, AW083374, AI284060, AI623179, BF791791, AL036705, AW827289, AI363741, BE966927, AI288305, BF895218, AL514155, BE966579, AW088899, AI345416, AI267185, BE964999, AI359787, AW189415, AI538850, AI301710, AW008226, AI341690, AI611743, AW198090, AI620302, AI683606, AL513951, AW078712, AL046618, BE964726, BG164558, AI540674, AI884469, AI539771, BF724420, BF970436, AI567846, AI862024, AI627866, AI696570, AW073677, AI362522, AI679891, AI678446, AL513781, BF981785, AL079799, BF727091, AI567625, BE888257, BG104845, AL515235, AI627893, AI559619, BG036506, AW500379, AI089970, AI270039, BG031894, AI932739, AI539042, AW007309, AI367210, AI933783, AI434731, AL445590.4, BC006159.1, AL050155.1, AL390154.1, BC001655.1, AK025435.1, BC000077.1, AB060876.1, AF218000.1, X82434.1, AK026885.1, AF232009.1, AL389935.1, AL137476.1, BC000632.1, AB048964.1, AL080154.1, AK026762.1,

					AL137648.1, AK027102.1, AL137533.1, AL117587.1, AL117460.1, AK025350.1, AL157482.1, AL137488.1, AL136747.1, AF155827.1, AL137268.1, AL080159.1, AL133062.1, AL354776.15, AC078878.20, BC004349.1, AK026518.1, AL050149.1, BC006414.1, AF218005.1, AL049460.1, BC003614.1, Z82022.1, AB055328.1, AF159615.1, AB056372.1, BC002473.1, BC009026.1, BC002519.1, AL110218.1, AF090900.1, BC004899.1, AK026592.1, AP001343.1, AL122100.1, AL049452.1, AP000697.1, AY034001.1, AC026431.3, BC005678.1, AK025092.1, BC006525.1, BC002697.1, AC004383.1, AL136850.1, BC003591.1, AK025099.1, AL122106.1, AK025407.1, AB049880.1, AC007298.17, AL359601.1, AL133075.1, BC001336.1, AL133113.1, AL133619.1, AL117435.1, AL389982.1, AL121916.14, BC009398.1, S77771.1, AL137550.1, AL136805.1, AF183393.1, AK024588.1, AJ299431.1, BC007571.1, AL080148.1, AL034400.2, AP001666.1, AL389983.1, AL122104.1, BC004530.1, AK026626.1, AL121828.17, AB055368.1, AL133016.1, AK026462.1, BC008780.1, BC000751.1, AK026504.1, AL355834.4, AL137271.1, BC002355.1, AB052191.1, AF106697.1, AL137558.1, AC003032.1, AL137555.1, AC016652.5, AL080118.1, AP001346.1, AL137463.1, AK027113.1, AL133640.1, AB060879.1, AL080234.1, AC006435.7, AL136789.1, AB047631.1, U57352.1, AL050366.1, AL162008.1, AK025113.1, AC012502.3, AL122098.1, AL110221.1, AC010149.8, AF146568.1, AK027116.1, BC005825.1, AL133010.1, BC001785.1, AL136644.1, BC006410.1, BC003684.1, AL442082.1, AL080126.1, AB062978.1, AK000257.1, AK026534.1, AK026542.1, AC026475.6, AL050277.1, AK000418.1, AP000020.2, AL357195.1, AB060897.1, AC011286.7, AB050421.1, AB052176.1, AB046642.1, AF205073.1, AJ010277.1, BC000235.1, AJ406932.1, AL389939.1, AL391244.11, AL117440.1, AK026408.1, AL080060.1, AC005902.7, AF245044.1, AK026597.1, AL512684.1, AK025798.1, AL162003.1, BC003587.1, AB055370.1, BC004925.1, BC006832.1, AF143723.1, AB060832.1, AK000636.1, BC004362.1, AK027182.1, Z98949.1, AL389947.1, AF205861.1, BC008078.1, AL353956.1, BC001844.1, AL133049.1, AL080163.1, AK024538.1, AB062750.1, AC020956.6, AF285167.1, AL137537.1, BC008070.1, BC005858.1, BC002816.1, BC008938.1, BC002370.1, AL117649.1, BC008037.1, AB048913.1, AL136784.1, AB060917.1, AL353802.14, BC007420.1, AL512689.1, AL023657.1, AL137273.1, AL137480.1, X72889.1, AK000137.1, AC010137.3, AK026793.1, AC004200.1, AC004883.2, AL050309.4, AF162270.1, Y10080.1, BC003651.1, AL133558.1, AK027173.1, AB056420.1, AK026746.1, M86826.1, AL157483.1, AK027144.1, AK024944.1, AF262032.1, AL136754.1, AL583915.1, AY033593.1, AL512454.6, AL133565.1, AC021325.5, S76508.1, AF000145.1, Y00093.1, AF230496.1, AC009364.8, AF055917.1, BC008708.1, BC007364.1, BC002365.1, BC000253.1, BC006195.1, AL353594.13, BC006458.1, AK027164.1, AL136780.1, BC005890.1, AL136864.1, AL359618.1, BC007021.1, AK024570. 1.
H2MAC30	12	544957	1 - 445	15 - 459	AI089027, AA308141, AW504673, AI684832, AA225036, AI806235, AA480904, AW084470, BE246140, AI769587, AA480993, AA936449, AI743330, AW025616, R84772, AI244944, N58917, AI085514, AA504299, AI273353, AI762989, AA100979, AA857531, AW276652, AW952845, AW440624, AI277859, R74507, AW269427, AI221905, AW016095, H72021, AI150547, H65671,

					T89998, AI937672, H86848, R74517, R52128, BE243519, AA224988, AA588111, T89414, AA976027, Z39380, BE869329, R48449, R72429, AA229997, AA308518, BF183288, AA229612, AI694870, AV755614, AV755613, T24832, AA229703, AA620967, AA594460, AA480941, AA480883, BF059107, AA278692, AV691613, AI197824, H65670, AA480992, AA480966, AC003070. 1.
H6EAB28	13	1352227	1 - 1925	15 - 1939	AL537848, BE796835, BE793657, BE793638, BF968748, BE727036, BF316464, BE728420, BF314482, BE868759, BE407252, BE409490, BE276749, BE386000, BF026545, BE871737, BE384252, BG235902, BE261749, BF125396, AI961321, AI001128, AI343334, AW135558, BE729783, AA777237, AA478021, AI623324, AI825954, BE220322, AL537847, AA232184, AA478177, BE220321, BE965762, BE276538, AA182540, AI085995, AA242851, BE621538, AI864561, AA308520, BG056114, AI872887, AA252149, D81546, H44644, R02178, BF093043, AA626640, BG149380, H43602, AA852700, AA243086, AA233362, R36915, D80941, AI687192, AA182585, AI648561, BF794171, AA852699, AA449104, BE386947, BE727929, AA776508, AA583629, AA252298, BG111945, BF448098, BE314222, AC004840.3, AF239822.1, BC002918.1, AJ289131. 1.
H6EDF66	14	520498	1 - 526	15 - 540	
HABAG37	15	637942	1 - 640	15 - 654	AW245081, AI143992, AA495832, AI361951, AI090193, AI598190, AI380542, AI990174, AI859137, AA994262, AI350501, AI394639, AI086091, AI990481, AA293019, AW003834, AA976745, AI351614, AI202144, AA115762, AA253139, BE727402, R88936, N72164, AW237082, AW025153, R90773, AI766469, AI672360, BF718243, AA745682, AW134904, AA495776, AL119175, F23330, AA417706, AW274357, AW268196, R36266, AI913519, W00431, AA496881, BE252368, AA610858, AA417588, AI685216, AW072885, BF975689, BF690095, BF984194, BG033163, AA114066, AW474388, AA133537, AI693690, BF339469, BG166654, BG164558, AW078929, AI473536, AL119399, AI345688, AL042544, AI539771, AI288050, BF812961, AI472566, AA326898, AI863082, AI633125, AI698391, AI538564, AI915291, AW152182, AA248795, BF811804, AI889189, AI866469, AI270099, AI884318, AI933992, AW151714, AW051088, AW827289, AI611743, AI933903, BF814449, AI885520, AI435268, AW078574, AI049787, AI819326, AI539780, AI584140, BE540034, AL046466, AA905473, AA279795, BF970652, AA019328, AI887772, AW087934, AI570966, AI250627, AI492528, AI249962, BF871314, AI866608, BF822127, AI224027, AI628254, AW168503, AW191844, W74529, AI352274, AI589428, AI624693, AI242248, AI873638, AI801766, AI537677, BE907440, AI702073, AI916419, AW163834, BE965169, AI249877, AI963763, AI312542, AA641818, AI357996, AI684305, BF572734, BF856052, AW500379, BE965129, AI376872, BE875407, AI433157, AI932794, AW079409, AI610115, AW983832, AI537024, AI951950, BG031894, AI582932, AI587606, AI590043, AW129230, BF814360, AI888621, AV734591, AI273901, AW085786, AI673785, BE843239, AW169790, AI651840, AL037454, AL046595, AI640729, AI811344, AI520785, BF814357, AI473451, BG177717, AA743354, AI270429, AW118518, AL513901, AI580451, AW020397, AI559296, AW026882, AA502794, AI917963, AI540821, AI538850, AI270183, AI520859, AI475139, AI362239, AI923989, BF792469, AW167021, AI678446, AI745684, BF868927, AI582912, AI640704,

					BF222472, AI249946, AI590021, AI679891, AL046618, BF680133, AW188434, AI828574, AI625384, T69241, AW149311, AI690585, AI590227, AI630931, AI884469, AI281757, AI476478, AA835801, AI573032, AI500061, AI680162, AI567846, AI366900, AW081322, AI951868, AI583065, AI345745, AI536638, AI815232, AI434242, AW162214, AI659795, AI702406, AL038605, AW168795, AW080090, AI472536, AI659334, AW946864, AL043355, AV745810, AI866040, AI580190, AI583533, AI561231, BF812936, BE543089, AI654750, AI923370, BF812938, AC005786.1, AF218008.1, AC005787.1, AL389935.1, AK025092.1, AL354776.15, AL035067.2, AK025312.1, U66059.1, AC026464.6, AL162002.1, AC023880.5, AK026533.1, AB048919.1, BC008485.1, BC004264.1, AK026408.1, AF225424.1, BC005678.1, S77771.1, BC004370.1, AK025435.1, AF090901.1, AK026462.1, BC004349.1, AL136850.1, AL080159.1, AK027144.1, AL050149.1, AB047631.1, AL137547.1, BC004556.1, AL080148.1, AK000652.1, AL512750.1, AF260566.1, AF245044.1, BC003614.1, AL049382.1, BC002343.1, BC006494.1, AL122100.1, AK000250.1, Y14314.1, AL137256.1, AL050155.1, AL162083.1, AB047887.1, AL122098.1, BC001098.1, AL133619.1, AL050138.1, BC002733.1, AK026532.1, AB060912.1, AL049339.1, AK000418.1, AL080154.1, Z82022.1, BC007556.1, AK025484.1, BC009341.1, D83032.1, AL133645.1, BC002342.1, AF205861.1, AL353956.1, AL137488.1, AL161899.21, AL136622.1, U77594.1, AL110196. 1.
HACBD91	16	637482	1 - 1431	15 - 1445	AI123694, AA203656, AV707802, BF575227, N77966, AW956121, N71852, BF732312, AI338999, AA704675, AI742966, AA176725, AV744696, AI039168, AA329423, AA680411, F10345, T85994, AV682639, AA731436, AV735262, AV733694, AA505796, AW959998, BF793146, H79631, R00088, BF978632, BG034327, AV716953, AW955313, BG032189, AV717860, AV716893, BF244606, AV733654, BG030662, AI802907, AA528524, AA973692, AA658895, AV714250, AV718258, AV716004, BF029739, F26324, AW772717, BE909294, AA370595, AI392630, BF529817, AI914394, BE748127, AA975366, BF029799, AI126532, AA977864, R38577, AI093884, AW264528, AI351443, AA916014, AA359165, AA594324, AI682171, AA404535, BG034254, T75123, AI832970, AA973611, AI833308, AI814033, BE781781, BF035996, BF036344, AA888167, BE541776, BF109665, BE551387, AI268514, AV710503, AI709250, F33691, BF216659, F33502, BE467615, AV738506, BE503802, AV763934, BG110890, AV742881, AV710956, BF965198, BG033031, T90966, R02459, F32392, BF029956, BF690853, AV764373, BE738142, BF244383, AW772766, BF978393, BF030821, BE548289, N64163, BF576733, AW872492, BE218579, BE539011, BE042987, BF978138, BE217894, BF692527, AW419258, BF219313, BF244019, R02355, BF242775, AA340839, AW440167, F30529, BE748667, AA640120, BG179795, BF679132, BF382290, AI719390, R35603, BF240791, BF691038, AW009337, AA886535, BE738709, AI253328, AW268515, BF977850, H79632, AV764541, BF214426, BE184678, BE171856, BF382191, F12739, BF031722, BE564110, F21702, BF219100, F26311, F27624, F31646, F24066, F30253, F21442, BF030470, BF215493, AA365400, AV725369, BF243623, BF216495, F23622, R38445, Z20180, F23439, BF031636, AA340808, BF246303, F29361, BF212059, D19917, BF210763, AI720401, N58379, AA706899, BE737668, F37786, AC009289.8, BC000855.1, AF044957.1, AC008804. 6.

HACCI17	17	891114	1 - 1708	15 - 1722	AL538454, BF530920, BF530060, AI970528, AI860328, BF527064, AI798917, AL538453, BG054790, AI923543, BF219866, BF528175, AV752086, BF526803, AI800076, BF526264, AW206433, AI337330, AW245447, AW237083, BE858481, BE466614, BF437709, AI497639, AI160768, AW245805, AA131235, BE672804, AI160855, BF109500, AI675102, AI804002, BG060000, BF222422, AI982947, AI355974, AW590096, AI418181, AI312842, BF224013, AI088289, BG056127, AI332684, AI341205, AI654907, AI083806, AI798674, AI470925, AI190394, AW139187, AI092606, BF222526, AI291977, AI611140, AW135968, AW204680, BF106163, AW025331, AI167288, AI656880, BG058349, AA971379, AI399811, R72939, AA037774, AI150867, AI928634, AW302173, AI918209, AI350940, R73561, AA034204, BG152416, AI810527, AA621414, BF061361, AI783733, AI817644, H94482, R60154, T35689, BE504130, BF111371, BF725784, AI970869, BF056386, BF445420, AI925534, BF831443, AA885412, H49844, AW572977, BF939724, BF220095, R60153, F37217, BF525690, AI654502, AW189678, AA131356, BC002404.1, AF000959.1, AC000082.4, AC000071.2, AC000088.2, T69988, N39621, N46769, AA034265, AA918849, AA707092, AA758314, Z38200, AA772946, AI418724, AI420314, AI423722, AI423730.
HADAO89	18	570689	1 - 1439	15 - 1453	AA937957, AA280310, AA169289, AW474052, AV760571, AW021583, AI801482, AI281881, AA521399, AA521323, AL044940, AW970896, AV760777, AL037683, AV757607, AA587256, AW956640, BE139146, AI805363, AL042420, AI434706, AA468022, AW956641, AA502155, AV759505, AV763122, AA828704, AW276827, BF827410, AV762067, AW673241, AI564496, AA613232, AA984708, AV762571, AV761745, F03525, AV760190, AV758600, AA774780, AA507824, AA483223, AI143242, AV762535, AF330238, AC006365.3, AC021188.6, AC006509.15, AC004072.1, AL121877.13, AL133321.11, AP001748.1, AC008848.7, AC009516.19, X54181.1, U04355.1, AL109984.14, AC005197.1, AC027612.6, AL157713.10, AC002985.1, AL357497.17, AC005082.3, AL391478.14, AP002534.1, AL135839.15, AL121934.17, AC002558.1, AP000513.1, AL354735.14, AC006511.5, X54177.1, AC005081.3, Z75746.1, AC007666.12, AC006064.9, AC006019.2, AL162505.20, AL356095.11, AF205588.1, AL161670.4, AL136179.15, AC016138.8, AC004895.2, AF196779.1, AP000512.1, AC008447.7, AF117829.1, AC006464.3, X54175.1, X54178.1, AL513366.11, AC004089.25, AL096712.20, AC008770.6, AL008629.9, AC090043.1, AL354932.26, AC004834.2, AC011464.5, AC007956.5, AC069255.18, AP001732.1, AC005015.2, U67828.1, AC010326.6, AP001725.1, AP000553.1, AL049849.1, AL022147.3, AC011520.3, AF049895.1, AC025280.4, U95740.1, AP001630.1, AC034193.4, AL445483.13, AC073136.6, AL138787.11, AC000052.16, AC007999.12, AL353739.4, AF192304.4, AC004941.2, AC018808.4, AC068533.7, X55923.1, AC012442.7, AC018695.6, AP000567.2, AL357560.11, AC010470.6, AC004971.3, AC003101.1, AL132716.6, AC016026.13, Z97989.1, AL109823.23, AL022322.1, AC010651.7, AC004019.20, AC007537.3, AC020584.9, AL355922.4, AP002007.4, AC011497.6, AC004158.1, AC018682.4, AP000963.2, AL021393.1, AL078472.3, Z83840.7, AC007021.3, AC006433.18, AL356863.11, AC073866.16, AC008569.6, AC009244.24, AL450342.14, AC007016.5, AC015982.9, AL121787.22, U67829.1, AL118506.27, AL359853.18, Z83826.12, AC090042.1, AL161747.5,

					AC008383.8, AC025168.7, AL137077.31, AC003085.1, AL136123.19, AC012320.6, AL356915.19, AP000696.1, AL354828.12, AJ295844.1, AL445217.3, AC010328.4, AC015801.25, AL391827.18, AL109855.16, AL139421.11, AC009131.6, AC004913.2, AC010422.7, AC009506.5, AC022415.5, AC002470.17, AL121869.19, AC006330.5, AL133215.16, AL031431.8, AC010513.6, AL353588.25, U91326.1, AC073542.4, AC007220.4, AC007132.3, AP001726.1, AL133286.9, AL357558.6, AC022078.12, AP000047.1, AC011247.10, AC018751.30, AL034549.19, AP001724.1, AC008687.4, AP001415.1, AL163201.2, AC072061.8, AC008040.7, AC006515.7, X55931.1, AC005971.5, AL031904.1, AP001680.1, AP000017.2, AC004067.1, AC007845.12, AP001631.1, AC005006.2, AL137791.19, AC004166.12, AC004004.1, AL021453.1, AP001666.1, AF015720.2, AC011510.7, AC011479.6, AC007057.3, AC018828.3, AC040160.4, AF020803.2, AC035147.3, AL030997.1, AL161799.19, AC006947.2, AC000159.6, AL449106.15, AC021752.5, AC004965.2, AC012492.9, AB004907.1, AF312032.1, AF131215. 1.
HAGAI85	19	381942	1 - 1738	15 - 1752	AL526844, AL534504, AL532583, AL526885, AL534503, AL532762, BF791804, BF979873, AU139874, AV706645, AW952336, BF979324, AU139805, BE615117, AW189934, AU129651, AW572808, AU158184, AI613227, AW969259, AA854118, AI057339, AW029537, AI810068, AV725299, AI460229, AU151734, AI676226, AA450163, BF217638, AI242616, R76281, AI004063, AA450100, AI095551, H46944, W05356, AI075684, W31703, T86800, AI339293, R85337, AA468695, H94753, H46945, AA323897, R77461, R77559, R26135, H43527, R80736, AA772424, H60113, R63353, H12406, H12407, R85338, R76558, R26349, R63354, AI609126, R68089, R68131, R80737, AW103602, AA745911, H59459, AI122795, Z41708, AI248729, AI800670, AW798408, BF931590, BF896996, BF735086, BE929484, BF903415, AV724914, U83461. 1.
HAGAM64	20	626997	1 - 2307	15 - 2321	BF925125, BF925123, BF925124, BF925118, BF925117, BF925120, BF925126, AA564576, BE159227, AC009466.17, AP002853.3, AP000880. 4.
HAGAN21	21	1026956	1 - 829	15 - 843	Z69655.1, AL391987.15, AC004841. 2.
HAGBZ81	22	456414	1 - 1368	15 - 1382	AL532808, BF356940, T26989, F07451, T26988, BE089554, AV753931, AA176259, Z38391, AI652752, AU123074, AU132666, AV753734, BE876059, BF911695, AV755178, D61463, AI267311, AW387165, AW178928, AW374679, AW374832, BE089568, AW374731, BF700420, BF914304, BE173287, AW178920, AW751520, N83868, AW387129, BG170148, AW374762, AL120973, BE933886, AI915992, BE004012, AF224469.1, AF306765.1, AF184241.1, U03109.1, AF289489.1, S83325.1, AF224468. 1.
HAGDG59	23	534165	1 - 1720	15 - 1734	AV694248, BE895909, BE903848, BG027942, AV651246, BG109867, BF240140, BF217526, BF669125, BE779936, AV650099, BF971092, AW875350, AW956342, BF107182, BF697022, BG166672, BF030619, BE881774, BE548671, BF247518, AI888053, BF667451, BE872808, AI768748, BF792803, N37046, N23484, BE872350, BF239058, AW664126, BF107464, W88681, AW338066, AW952476, AW402833, BE971415, AW853145, BF968304, AI636324, N24759, BF665132, BF213364, AA830565, AV697089, AA167203, AW023148, AI815125, AI685119, H98763, BE465545,

					AW853521, AW405572, AA481430, AW604402, AA481434, AA223067, AA902413, AW578436, BG258700, AI954984, AA045833, AI567716, BE856103, AA577610, H42133, AA553538, AA470843, AW467047, AW169016, AI961753, H38614, AA835545, AI262411, AW192401, AI193508, AA576473, AV660930, AW262909, AA263040, BE927225, AA481670, BE782154, W88620, AA394254, BG261374, AA730743, AA653560, R80477, AV651327, BF572366, AW193089, BF904780, AW470979, BF904779, AW295546, AA045967, AA329460, H42134, AA213836, R23904, BE243520, BE693582, AI263974, AW293723, AA481674, H61494, BF674778, R23903, R80672, BF032805, R61171, N79745, BF382094, H38856, AA328661, BF902314, BF243422, R27506, BF894060, T72506, AW361405, H62468, W07107, AI468319, AA362581, R27793, AW853797, AW337877, AW075817, BF031795, BE866675, BF905580, T82403, R27885, AW339053, AA377009, BF791479, AI708354, AA485696, BF239244, AW051074, BE866177, AI497897, AA485827, AW273624, BF905573, BF205089, AW022407, AI678575, Z21560, BF238897, BF699925, BE926278, BF239919, AW836245, AF126780.1, BC008650.1, Z64479. 1.
HAGDI35	24	597444	1 - 1343	15 - 1357	BF308663, AW993425, AW954450, AI692203, AW992918, AL522858, BF110568, W72362, AL134648, AW993463, N49936, AW510670, BF528906, AW006483, AI693954, BF515443, AI887176, AA535442, AI818606, AW168954, AI863099, AW291090, AW004709, AI360443, AI871700, AW006630, BF061393, AI470191, AA594619, AI199309, AA594612, AA679412, AI076538, AI298920, AI763185, AA743895, W61171, N71964, AI683722, BF752331, AI475627, AA625964, T66225, AI631360, BF445267, N90078, N52716, W74041, AW993254, N25346, AI432537, AA826113, T48369, AI336067, BF431794, BE671301, AA774516, H15425, BF438813, AA830282, AA527245, AW150654, AW973902, AI919260, W38528, AA514881, AA928383, N99697, AW770540, F09904, AA848116, AW953438, H73840, N95112, Z39718, AA723406, W25793, F02624, AA093707, BE047849, AI350675, T97677, W61133, F02974, AI912353, AA827092, AA380688, T97676, AW270105, F12279, Z43661, F06328, AA668886, AA628658, AA830323, T48368, AW517354, N66000, BF833202, AW118678, AA351923, AA093722, AW189868, AW086208, AA767210, BE888973, BE841233, W58358, BF507840, AL522859, AW844212, N56545, H15480, AL513693, AL355334.26, AL391137.11, AL353957. 1.
HAGFG51	25	823509	1 - 1299	15 - 1313	
HAGFI62	26	704425	1 - 989	15 - 1003	AI693333, AA774471, H49659, AA009946, AW664812, AI217416, R56893, T88930, H44134, R67277, F10016, R52911, R39072, D61015, AI972242, Z44064, BF790840, AI090826, F06072, Z38995, R35532, AF131817.1, AF198490.1, AF181450. 3.
HAGFY16	27	778820	1 - 1949	15 - 1963	BE613319, AV687447, AV725712, AV687625, BG166531, BE612728, BG114876, AW952404, AV686519, AV725638, AI061630, BE877777, BF055022, BF692350, BF439548, AW372569, BE866270, BF967994, BF732575, AV706186, BG054984, BF690981, AA813278, BE876393, BF206792, AW160677, AV728247, AI612729, BF210620, AW167859, AW167862, AA521082, BF698977, BE645016, AW753532, BF195583, AA161332, BF665995, BF446480, AI887683, AA843967, BF445077, AA447934, BE348758, AA525839, BE881059, AA843171, BF673423,

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HAHDB16	28	635412	1 - 782	15 - 796	AI688902, AI983921, AA843874, AA745961, AU150602, BG169215, AW571697, AA581433, AI685116, AW190486, AA152091, AI927861, BG059728, AI811494, AW089655, AI924175, AU118990, AI872415, AI858607, AI610776, BE044603, H97952, AF063514, AL137994, AV719347, AA189081, AW177120, AL133942, AW090739, AA767353, AW167319, AU145663, AA724159, AA493998, AA773359, AI367384, W49501, AI925647, AI334099, AA631430, AU143906, AI874256, AI264673, AI887321, AA160519, AL119355, BE646447, AW468887, AI749571, AW177226, AI761656, BF882284, AI801377, AW177317, AV726924, AU121759, AL036881, AI082077, AW177231, AI088796, AI675848, T16214, AI818151, AI627862, AW994225, AW084901, AW177264, AI250812, AU157470, AV730063, N64574, AI625127, BF056069, AW073349, AI735074, AI590151, N24958, AW813744, AI963795, N76274, AI732743, AI560839, AA174085, C06012, AA085707, AI811854, AA601264, W03759, AW090210, T69719, AW177237, AV699636, AI570877, BF823687, AI418614, BE379085, AA152017, BF436023, AA953572, AI433018, H91008, BF930080, AA709024, N79242, AU145674, H64113, AV720543, AI346802, AI568919, AU146451, AA287329, AW242205,

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HAHDR32	29	635357	1 - 1242	15 - 1256	AW961789, AI278626, BE856740, AI741753, AW028042, AI140668, AI095493, AA044732, AA577689, AW029335, AA044769, N93590, AA053971, AI204064, W03843, C03899, AI027848, BF892912, BF675682, AI074523, AA523465, AA347782, AI190976, AW170748, AI066686, AA345846, T86306, AA347781, T86404, AV710766, AA034459, R15471, N86784, AA448615, AA091937, AI086872, AA090967, N89145, Z21820, AA095754, C03190, C03750, AA094439, N55992, N56032, R58248, R45879, N75018, AA090605, AA216219, AA247579, AW800864, AA321320, AA249880, F30220, AA249861, AF204173. 1.
HAIBO71	30	490848	1 - 738	15 - 752	AI767324, AW976385, AL121194, AA972628, AI095851, AA743343, BE566411, AF118928, AW366882, D20570, AC009802. 13.
HAIBP89	31	727543	1 - 2229	15 - 2243	AL519706, AL526798, AL525802, AL525691, AL522375, AL525839, BE792809, BE743896, BE796567, BE274399, BE260643, BE543107, BG030916, AV714392, BE889610, BE277440, BF527074, BG110983, BG181079, BF027018, BE264922, BE386448, BE382754, BE407284, BG113064, BG032444, AW991399, BE884015, BE772873, AI309611, AA442698, AW249227, BF310578, BE312050, AI421417, BF685976, BE259606, BE618656, AL522376, AW248427, BF970944, AI300569, BE564324, BE207989, BE387042, BE261799, AL531714, AI884919, AW005650, BE061923, AW960504, AW601219, BF342013, BF848073, AL525736, AA564704, AI089642, AL040087, W60773, BE207992, AA903950, AI309614, AI085644, BF347393, AL526831, AA258978, AA009753, AI419210, AA216411, AI865848, AI683537, AW117839, AI206510, AL519707, AI620366, H58361, BF752057, AW373946, BF752053, AI520851, AL525315, H42973, W42711, AW601221, AW016488, H08339, F22598, AA494395, AI005664, AI372774, H58750, AI565541, AA778118, AI828095, BE796020, AI225112, AA576831, BF347545, AA971475, AI339860, W42904, AI096947, W60487, AI243479, AI961803, AW780312, AA449981, BF760874, AA706303, AA975280, BF796645, AI126822, BE796322, W57667, AI096594, AA917878, T16862, H94211, H24045, BE718404, BE831302, H42902, R08029, F11443, F09106, R08078, BE718388, BE718374, Z43495, BF846294, BE718393, BE718373, BE831316, BE831321, AI446598, BE718398, BE718392, Z39564, BE831301, AA608866, AI245647, BE718387, BE718386, H08338, AI564884, BE718381, AA301909, BE718412, BE718462, BE718376, BE718450, T69855, BE718396, H80027, BE718385, BE718378, AA135410, BE718469, BE718384, BE718433, BE718463, BE718416, BE718439, BE718440, BE831330, AI091920, BE718406, BE718461, BE718474, BE718473, BE718391, AW247973, BE718428, BE718421, AA889882, BE718468, H24152, AI472790, BE718464, BE718414,

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HAICP19	32	422672	1 - 1610	15 - 1624	AL533390, AL529681, AL528191, BF966576, AL523718, AL528190, BG120879, BF115284, AL529855, BE785817, BF026199, BF966448, BG114227, BE386416, BF115429, BF304689, BF304827, BE728367, BE793198, AV704155, AL529854, BE260405, BF305469, BE789342, BE297311, AW993505, BF316927, AW993825, BE277343, AW993830, BE265484, BF727063, AW960096, BF831956, AI743647, AW965178, C17555, BF838669, AI923650, AI860279, BF057404, AW005358, AI146421, BF928251, AI093908, BF747949, BE047374, BE813316, AI769656, AA605064, AI241016, AI148817, AI318082, W31773, AA565734, AI630731, AA843395, AW025017, AI566682, BF955698, AA506224, AA749014, AA827318, AW134754, N31961, BE774133, F36487, AA346026, T49220, AV750102, W04672, F31348, N31991, AI827206, AI630730, T49219, BF990595, AI678457, AA879426, AA120831, AA948142, AA345290, AI685001, BG007518, BG011225, AA120830, BE774243, BG004311, BE073338, BF155353, T39496, BE774391, BG007508, AW374473, AJ299442. 1.
HAIFL18	33	676933	1 - 865	15 - 879	
HAJAF57	34	823516	1 - 2747	15 - 2761	AI670135, AI460009, AI375542, AI338350, AA362719, AA482775, AW963333, BE160727, AI282511, BF339636, AW022897, AV757341, AV731764, AW274925, BE504746, AI254779, AW408047, AW407578, AV734583, AV731604, AV731603, AU121168, AL121904.13, AP001711.1, Z85986.1, AC009267.15, AC011485.6, AL354928.9, AP000960.2, AL132768.15, AC007358.2, AC005058.1, AL049795.20, AC005245.1, AC034193.4, AC005971.5, AL034406.1, AC002310.1, AC018808.4, AC002299.1, AL354815.10, AL121897.32, AP001705.1, AC083863.2, AL158040.13, AC008770.6, AL121601.13, AL360080.21, AF053356.1, AL138725.19, AL139801.17, AC008736.6, AC010422.7, AL139009.14, AC020908.6, AF130342.1, AC006288.1, AC010494.4, AP001688.1, AF228703.1, AC005562. 1.
HAJBR69	35	638516	1 - 741	15 - 755	BE262907, AW503376, AW503644, BF982382, BE079288, AW504239, AA701415, BF315343, BE277664, BF921555, BF736464, BF756620, BE720223, BE815902, AA490675, BE930704, AW971745, AW804686, AW392670, BE695785, AW861944, AW604723, AW877209, AL119483, U46351, AW858526, AW858525, AL042984, AL119497, AL119324, AL119319, AL119355, AW500561, U46349, AL134538, AL119457, BE705903, BE705906, AW577135, AW372827, AW384394, AW861889, AW858455, AW363220, U46350, Z99396, AL119484, AL119363, AL119391,

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HAJBZ75	36	618530	1 - 2075	15 - 2089	AL529012, BE440014, BE546526, BE908087, AL037642, BE784646, BE617041, BE619152, BE791490, BE257606, BE962354, AW069180, BE740246, BE743316, AV701495, BF793697, BE410370, BF589487, BF034893, BF438638, AA442426, AA307880, BE621319, BE617390, BE299387, W46237, AW149792, BF197170, AA459238, BG255347, AW967185, T70170, BF679079, AI038975, AW008086, AI363208, BE207335, AA622048, AI347908, AI089610, BF038813, AI090281, AA463308, AW239176, BF689996, BF155465, AW169069, AI360030, BF155458, N20554, AA418177, BF844135, AI206446, AA677846, AI078405, AI281033, AI619944, W46238, AA716397, BF155444, AI363209, BF844120, BE816417, H57560, AA781638, AL529011, AA417926, AA725052, AA232141, AI245901, AW967343, BE814103, H70103, AW576723, AA587473, H57559, AI674249, AI184096, AA360949, Z45980, AA316453, AA300586, AW753961, N29266, BF879123, BE843416, AA380017, AI371374, AA404562, Z41593, AW197868, R19820, AA911964, AL526898, AA347813, Z43143, AA243103, AA633085, AA256621, AL526862, H16339, AA382930, BE065656, BE720795, AA907215, AA301927, T23530, BF037167, AA545811, AW578884, H69686, BF088878, R05400, BE766771, R08535, AA300594, AI887107, AI382910, AA225276, AA226403, AI868215, AW883612, AW800073, BE931847, BF690072, BG106304, AA709274, BE715584, AW380609, BE172905, BE619715, AW859456, BE715507, AW591554, BE939029, BE939020, BF736794, AL044317, AI820826, AA808498, AA490686, AI820767, BF677125, AW795338, AW795199, AW576726, R29190, BE763875, AI869467, BE832738, BE313356, BE832684, AA234630, BF764590, AI921710, BF155825, BF155822, AW879422, BF815725, AW934761, AA872519, BF793670, BE645187, AL050022. 1.
HAMFK58	37	647105	1 - 771	15 - 785	BG166755, BE797428, AL529398, AW439814, BE966473, AW026131, AW149540, AU148440, BF940933, AI608873, AI669338, BF331001, BF751518, AU152852, AU153427, AW771147, AW474975, AI860693, AI161399, BF031508, AA196512, AA767364, BF243271, AA573918, AW105335, BE538371, AU152980, AI860554, AI961324, AW576719, AI090203, AI421437, BF184939, AI564597, BG171613, BG252183, AA640452, AA553686, AI378739, AI951227, AA640792, AA523621, AW007941, AA159330, AA805371, AI141295, AA663960, AI078330, AA582142, AI344701, BG004337, AI891016, BF804222, BF129108, BE887740, BF344072, AI890998, AI248848, AA652054, R91906, BE906934, AW105523, W44400, AW340747, AI400158, H58083, AA146834, AW337916, BE939699, AA639362, H69285, H69284, AW088381, R52376, AW969996, AW967822, AA587731, R20938, AI751024, R78105, BF804214, BG249967, AU156032, AA772174, BE769648, AI588839, AI905475, D63059, AI783915, BG110403, BF154795, AI520663, AA062655, AW269943, AW868901, N70292, AW868763, W74046, BE906817, BF800347, BE171159, AA481220,

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HAMGG68	38	731859	1 - 1444	15 - 1458	AW973341, AW974201, AL041477, AW471262, AV696883, AI799683, AI983869, AA579632, AI763280, AI962918, AW962479, AA919175, BE467860, AI694808, BE671481, BE670142, H97854, AA190313, AW608357, AV763623, AI656460, AI218288, AA057842, N39132, AA977897, AI907444, AI819548, AI698748, AI221889, AI300453, AA554290, BE327102, BF510243, AI366844, AI208651, AW341424, AW517375, AI092422, AI458704, AW770918, AA322568, H97652, AW058433, BG055320, T84069, AA587633, AI699024, BF881447, AW873347, AA397560, W46809, AI969771, AA807704, AA367835, R61770, AI819419, BF812696, BE882869, AL121039, AI702049, AA557945, AW148821, AA569220, AW118842, BF790866, AI567676, AW021674, AV683406, AI884404, BE875478, AW043803, AA935827, BG180320, BG059139, AI636422, AW265468, AW243817, AW162314, AW157128, AI439525, AI890283, AV743869, AW979200, AA805879, AW072963, AW162332, AI434103, H86399, AL134524, AA112864, AW576388, H47461, AW410844, AW192930, AL138262, AI445699, AI572680, BE049409, AV758849, AW029626, AW675677, AW575808, AU146789, BF725436, AI828721, BE045167, AW995605, AI860423, BG250794, AI888050, AI064968, BE065048, AV756809, AI547110, AV759204, AA084320, AA280886, AI028148, BF882222, AW662484, AA021061, AA349923, AW473160, AI732690, AW152451, BG059924, AA330549, AW328185, AW839858, AA604601, AW338376, AA171400, AW970856, BE747923, BF882223, AA218684, AI889177, AA661583, AW510403, AI150934, AI312614, BF901147, AI754926, AI620666, AI254267, AW275432, AW151848, AA101744, AI114494, AE006639.1, AL031009.1, AB037847.1, AL138724.12, AC016772.8, AL035455.30, AC002430.1, AC007384.3, AC004765.2, AL121594.6, AC005330.2, AC005399.19, AL121601.13, AP000952.2, AL139316.5, AC011467.7, AP001670.1, AL161747.5, AC006039.2, AP001872.3, AC024563.4, AL354751.7, AC006329.5, AC066597.4, AC008008.2, AL138756.23, AL024498.12, AE000658.1, AC005003.2, AC011510.7, AC005519.3, AL050318.13, AL160471.5, AC009506.5, AL138729.11, AC005000.2, AP000349.1, AC068533.7, AK000471.1, AC010328.4, AC007050.25, AC004400.2, AL121928.13, AC027124.4, AC004067.1, AC019205.4, AC010724.6, Z73979.1, AK027858.1, AL118520.26, AL035684.25, AC008736.6, AL139113.21, AL035420.15, AL590762.1, AC010976.5, AC005833.1, AP000503.1, AL354696.11, AC005253.1, AL445184.11, AL109952.15, AC005837.1, L78833.1, AC011485.6, AC008622.5, AL033519.42, AF134726.1, AC027689.10, AC018904.6, AC007011.1,

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HANGG89	39	845690	1 - 2643	15 - 2657	BF215862, BE675932, BF216697, AI692182, BF433516, AW748849, AA477305, AI269928, AI264345, AI476206, W88860, H18309, AA479629, AI138307, N30904, AI343016, R42588, AI500167, AI928577, AA011427, AW139105, H47436, AI350196, AA962561, H65317, AA353763, AW193644, AW614106, W88754, AI240815, H64403, AW243810, H64466, AA349069, AW469218, AL038838, AL038983, AI142134, AL037727, AL038532, H64452, H47347, AW469225, AL038822, R12712, AA011390, AI422579, AL043814, AL043923, AL043845, AL040617, AL044186, AL041238, AL047012, AL041577, AL041459, AL044064, AL040294, AL041635, AL044037, AL047170, AL040463, AL046994, AL040768, AL046850, AL045753, AL041752, AL045684, AL040625, AL047219, AL040052, AL040621, AL043570, AL043848, AL041374, AL043627, AL041523, AL041730, AL044074, AL041602, AL043492, AL040839, AL043677, AL040472, AL043467, AL040510, AL042135, AL043538, AL047064, AL040464, AL045671, AL046442, AL041133,

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HAPBS03	40	656755	1 - 1489	15 - 1503	AI742631, AU119590, AU118010, BG259904, AI800165, AI800177, AI817228, BG180146, BE813479, BE535299, AV725950, AW009788, BE549267, BE894325, AV757104, AA173790, BF038610, AU150757, AI983626, AU144839, AI580092, AA479607, AU145896, N31934, AU144384, W72461, AU152288, AI826420, AI817464, AU150963, AU151993, BE780217, AU145816, AU160659, BF817682, AA486402, AU150397, AW272227, BE813518, BE280368, AI400650, AI829127, AI859821, BE902423, BE349331, BF326757, AU145027, BE813644, AU156304, AU149695, BE902011, BE731981, AI200823, BG060141, AU135928, AA812768, AW162031, AI804420, AU148793, BE350105, AI810286, AI174621, AU160342, BE731153, AU156374, AV706272, AA262076, AV701945, AW768265, AI436131, AW204987, AW104123, BE218179, AU153197, BF970278, BF570446, AI092268, AA191221, W76519, AW630344, BF973324, BE548188, AW628275, AU157431, AI830727, BE045222, AW474225, BE536210, BE927040, AW204297, AI095806, BF229981, AW075962, AA279162, AI419217, BE504508, AW571815, BG059854, AW054950, AU143588, AA132187, AA346081, AW272217, AA937599, AA768309, BG119737,

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HAPNY86	41	587261	1 - 1266	15 - 1280	AL354977.10.
HAPNY94	42	699770	1 - 728	15 - 742	BG029349, AW384082, AI653230, AW384103, AW590965, AI952047, AW474522, BF514114, AI952951, AI138532, AI199860, AW474480, AI655852, AI656352, AV727834, AI424794, AA909918, AI377297, AA632416, AA205078, BG150070, BE243783, AA709293, AW016441, AA906134, AI350684, AI825691, AW770135, AA971473, U51144, BE867482, AA770535, AA873641, BE160147, BF772564, BE184408, BC002538.1, AL133351. 33.
HAPPW30	43	1352278	1 - 1458	15 - 1472	BF568560, BF309463, BF568858, BF968457, BE729680, BG121453, BE044480, AW958703, AW957664, AW341517, AA868588, AA479992, AA758865, AA305964, AI276502, AV696016, AA846842, BF963424, AW510684, AI183515, N41325, BF674083, AW273135, AA954695, AI685296, H57026, AA969117, AI147710, N95033, AA962530, AV650263, AA758255, BF929642, BF798962, AI337591, AA150989, AI675402, AA775255, AI167695, AI798973, AW172620, AI359078, AI688288, AI151098, BE931071, AI911606, AW469667, AA383301, H83172, AW749394, AW603134, AI188832, AI078598, H58146, AA446238, AA310796, AA724109, AA864698, AI240610, BF033606, BF854704, AA953573, AA421572, H41807, W15373, H48433, H46522, AI739312, AW956749, BF951265, AA977855, AA757910, H87382, AI216014, AA877407, AA098821, BE168746, BE208218, W38885, H46521, R11443, R19191, H82944, C04986, AI479980, H56935, W72627, AI216655, AA975974, R99133, AA922234, AA339733, AA375160, BF352033, AW183259, AA421590, AI459843, BE930311, BE930299, T61945, AI216656, AI902298, H70309, AI902295, AI191499, T71506, AW844824, AA383302, N57057, BF800855, AA150942, AA568552, T62175, R94393.
HAPQT22	44	587601	1 - 621	15 - 635	AI002744, BF680944, AW732188, AA167511, BF868994, AI979005, AL157938.22, AP001711.1, AC013356.8, AC022217.5, AC005225.2, AC090942.1, AC011811.42, AC005052.2, AC020915.6, AC066589.3, AC027319.5, AC005098.2, AF109907.1, AC008569.6, AL135927.14, AC007227.3, AC020931.5, L44140.1, AC020558.4, AP001725.1, AC011487.5, AL034405.16, AC011465.4, AC004382.1, AC009244.24, AC004801.1, AC004526.1, AC009086.5, AL050341.18, AL139316.5,

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HAPUC89	45	834358	1 - 1139	15 - 1153	AL525296, AL522464, AL521417, AL533389, AL521416, AL524355, AL526414, AL526331, AL530863, AL524354, BE311955, BF725110, AI264358, AI669655, BF036463, BE312775, BF984883, AA477724, BF314033, AL530380, BE937625, AL526176, AL523655, AL530864, AW139040, AL520874, AL526455, AI126122, AI823620, AA312871, AL530093, AI857695, BF315809, BE256735, AW440406, AW271360, AL523656, AI200833, AI024780, AW136150, AW134590, AL522465, AA496351, BE924996, BF476679, AA292746, T55664, AI367466, AA496400, AI274000, AI283242, AI801876, AW068036, AA583620, AA477725, AA829681, BE797269, AW136110, BF822582, AI554612, AI922256, AA758054, AL533433, AW591703, BE735184, BF344330, AA296469, AI017151, AA293719, AA427485, BE562900, AW300774, AW889471, AI863281, AI424169, AI291789, BF445650, AL525339, AI670976, H01676, N55872, AW952132, BE242458, H01677, AA364430, BE735989, AA318820, AA508789, BF311298, BE397771, AA301453, BE785480, BE893629, AI248018, BF032466, BF342490, AI540614, BE264109, BE926389, BF309156, AA232553, BG255921, BE392626, BE261742, AI085402, BE206819, BE276164, BF312350, BF206486, BF763257, BG252820, AA642901, AW188803, AI758262, AA908888, BF207123, AW137361, BE258582, BE384894, AI093805, BG257985, AI751518, BF810986, BF337632, BF796886, BE397750, BE504399, F19099, AA610640, BF794720, BG104721, AI581186, BC002494.1, AC004150. 8.
HASAV70	46	1300782	1 - 715	15 - 729	AW003948, BE044439, AI968397, BE467670, BE326659, AW026300, AI422743, BF026131, AA921765, H74227, AA765813, BE246373, AW630293, BE671926, BE698423, BE933123, AL121985.13, AJ276429.2, AF291815.1, AJ271869. 1.
HASCG84	47	603947	1 - 1065	15 - 1079	U69188, AW967218, AA524082, AW964322, AA477567, AW135981, BF436586, H14669, AW965610, BE870961, T62872, BF356026, AI309281, AI653643, AA629824, BF507821, AI268700, BF799497, AW607114, BF437588, AA307058, AA662791, AW204504, AA985578, AI831853, T09193, H05165, R44815, T62722, Z39918, AA477443, AA514678, BF962688, BE784445, BF184514, R41285, AW953430, T08773, T33866, BE539074, D61598, AW571983, BE702716, BE702704,

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HATAC53	48	135227 6	1 - 1945	15 - 1959	BE909171, AI870866, BG231683, BF677384, W72843, BE856898, AA332556, BF447208, AA772868, AI083630, AA056018, BF920128, AI130854, AA469081, AA661635, AA457490, AA130359, AI199995, AA931966, W67527, W76412, AA630878, W67545, AA458753, AI183475, AA296889, W81565, AW513265, BG023825, BF109158, AA826675, W81612, AA989066, AA076945, AA077497, AA077528, AA077040, BF515950, AW955816, AA296961, AI243042, T12258, AA056067, BE546107, AA027306, AA077342, AA026401, BE937756, AI818951, AI818971, AA022530, AA022531, BE077324, BF569541.
HATBR65	49	635514	1 - 798	15 - 812	AW754098, AV747079, AW964560, BF827304, AI697254, AA826321, AA663880, BF924786, AA772037, AV725414, AA826164, AA663006, AA826322, BE062047, AA835931, AA319870, R95053, AV760830, BF918713, BF959165, AI053538, BF930635, BE828744, AA078591, AF139781, AA491430, AA078183, AW393403, W74390, AW578861, AW393400, AA320812, BF840307, AA078213, AW752269, BF757569, AA077448, BG004304, AW793003, AA047825, AA001509, AA076683, AW857010, BE183669, BE183617, BE699552, AV720211, AW973541, BE932909, AI254770, AI284543, AI251203, AI249853, AV743864, AI251284, AW276678, AW966385, BF952670, BE707812, AI251034, AI250552, AW970571, AW869794, BE139139, AA609826, AW303098, AA552586, BF952311, AV719632, AV718487, AW905386, BE138387, AV720104, BF952747, AA015737, AW975623, BF129140, AA076784, AA604865, BG222875, AV720729, AA504818, AW905269, AV754716, AW969831, AA501867, BE042006, BF589824, W72324, BF691892, AI954192, AA610381, AA503018, AA747757, H04977, AA904211, AI912401, AI279417, BE968744, AC004084.1, AF030453.1, AC005088.2, AC004951.5, AC018720.5, AC007078.3, AC004980.4, AC007000.2, AC006480.3, AC004878.2, AC006014.2, AC007003.4, AC005488.2, AC005098.2, AC004867.5, AC004166.12, AK021477.1, AC005071.2, AC005236.4, AP000350.1, Z95115.1, AC073462.8, AC007792.1, X51956.1, Z95331.2, AC022382.3, AC087071.2, AC005291.1, AL035495.13, AL162424.20, AC002107.1, AC002106.1, Z98884.11, AF168787.1, AL157791.4, Z82215.1, AF172081.1, AC008116.8, AL008729.1, AC018809.4, AC079141.7, AC011811.42, AC006111.3, AC020558.4, AC007766.1, AL162426.20, AL139317.5, AL390838.26, AL031005.1, AL161779.32, AC004477.1, AC008392.6, AL162615.13, AC009509.7, AC003690.1, U95740.1, AL034372.33, AF196970.1, AF253417.1, AC000062.1, AL109825.23, AC024028.10, AL034553.12, AC003030.1, AL591398.2, AC005899.1, AL034400.2, AC073492.18, AC011473.4, AC005772.1, AL139316.5, AC006487.8, AC011472.7, AP001929.4, AP000963.2, AC072061.8, Z98051.6, AC005327.1, AC007225.2, AL109804.41, AC006057.5, AP001711.1, AL136984.20, AC009506.5, AL139100.9, AC008397.7, AC007199.1, AL137162.25, AF190464.1, AC009247.12, AC025430.5, AC005261.1, AC006357.5, AC005325.1, AL121880.21, AC008395.6, AP000314.1, AL353715.21, AC025166.7, AL049779.6, AL355336.15, AC011479.6, AC011495.6, AL359644.10, AC020904.6,

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HATCB92	50	603948	1 - 1742	15 - 1756	AI253043, AA621792, N84222, AA094505, AL522648, AC009244.24, AK025372.1, BC008349.1, AB020635. 1.
HATCP77	51	748244	1 - 2084	15 - 2098	AI791525, AI733035, BF434939, BF433029, AI457816, BF478158, AI299145, AA910198, AA952936, AI301175, BF446488, AA904191, BF477842, AF209747.1, AF099137. 1.
HATEE46	52	565618	1 - 1661	15 - 1675	BE739761, BE867642, BG252738, BF670373, AI590088, AA452296, AW188012, AI467834, BF110214, AI698059, BE535889, BE220673, AI076779, BG170578, AW304047, AI653610, AW070709, AA015580, BE300577, AA705209, AI458930, AW173124, BG149183, AI037932, BF671524, AI597851, BE671575, AI310753, AI051897, AI128681, BF447913, AW295982, BF433016, AI300950, AI140885, AW473730, BF448227, N35880, AW770729, BF108371, R72042, AW302140, AA479329, AW023183, AA040787, AI494017, H98707, AI453020, AI932397, AA041222, AI038152, AA478593, AI459059, AA151356, AI168123, AI160559, AI125997, AI702632, AI073784, H97885, AV746537, AI433746, AI348429, AI025926, AW178814, AA035147, AI917957, N26242, AI189919, AI298395, AA225891, AI383747, AW085003, BF431762, AW079138, AI214632, H57061, N27692, W20186, AI537044, AI796916, AA661665, AI290329, AI383748, T39342, H99889, AA045544, BF433765, AI948963, AI143362, BE044374, AA767678, N36000, AI203768, H88073, AA311260, N91032, AW794932, N27062, AI382971, R19439, AI037915, AA829174, N24274, N50690, AI702532, AI192385, AW166934, AI979183, AA664910, AA056938, R20449, N92329, AI625107, N43958, AW193300, AA095102, AW888582, AI160547, AA515467, N36021, N28575, N50773, BE536609, AA054589, BF694768, N73785, BE814490, AW606976, BF942077, N99407, AA151355, BF942458, AW663523, BE046513, AA897347, AI829594, BF130347, BE814323, BF089510, BE738984,

					AL133574.1, AL117450.1, AK027342. 1.
HBAFJ33	53	625916	1 - 1266	15 - 1280	AL134941, AI936102, AA806752, AI922844, BE396072, AI568741, AW593236, AW152304, AI417415, AW629175, AI017620, AW055249, AW166099, BE858335, AA115732, AI127303, AA576745, AI829922, AI478929, AI355013, AW593259, AI814920, BE301136, BE858329, AI424011, AA975643, AI032624, AI457317, BE858317, AA733170, AI334944, AI151526, AA478034, BF195105, AI291127, AI690771, AI220431, AL043583, AA593974, BE795539, AI096520, BG251676, AI094885, AI831777, AI143003, AA204724, AW080063, AA687374, AA179553, AI373929, AA961480, AA677252, AI539748, AI150654, AI811537, AI565632, AI138450, AA931056, AA974477, AA889899, AW070496, AA886867, AI360841, N51090, AA427863, AI499657, H99368, AI347782, BE613141, AI362268, AI369607, AA179986, BE619719, AA039351, BE350785, AI200968, AA134403, AW263162, BF939644, AI376627, AA642471, AA133209, AA035355, AA224345, AA854796, AI123495, H93126, AW821145, AA872914, AI707705, AW935023, AA804238, AI312418, D80144, AA723522, BE766774, BE834005, AI445884, BE766739, AI520801, BE177107, AA032258, N98499, T33101, BE742708, C14225, D51441, BF664500, H59455, BE082634, R96670, AW009711, BF093621, AW935098, H52680, AI265911, AI129147, BE177074, T74907, AA782664, AA568793, BE743686, D31233, BF670650, AW022342, BF336698, BE082719, R97433, AA152475, AA427988, AA365942, BF975267, AA099862, AI372406, AA922699, T33142, T32913, F34614, AI676138, N34899, BF879062, AA852622, D80145, AW794944, AI352444, AA363998, T30009, AI372746, BF873002, H08716, W31065, BF872967, W28879, AW881570, BE547161, AA312863, AI039527, AW082087, BE771401, R70284, BE262112, BF340241, AA319768, AI420273, AA868050, AW513743, AI583354, BF349629, C14224, AW881571, Z38385, AA443158, AA354867, AW881573, AU149417, AI914657, AI277700, BG231859, AA910603, AI961888, BE717468, N54216, AV727127, AI911845, R91976, H56262, BF975357, AA661955, F04560, AW364002, R41447, BG255586, T75007, AI857675, AI076059, AA627769, BE717493, AW754481, BF690414, AW799938, AI797975, AA478191, AA548786, W22044, BE939215, BE081547, BF378280, BF365011, T24992, AW381095, AW839942, AW363800, AI124578, BG166902, BF770472, C01685, BC000778.1, AK025162.1, BC008847.1, AF214731.1, AL136886.1, Z48570. 1.
HBAFV19	54	843036	1 - 939	15 - 953	AL516557, AW273167, AW301700, BF795352, AA704856, AI808501, AI633808, AI050770, AI500656, AW902226, AW964585, AA480361, AW445068, BF354764, AA886018, AA886008, BE535750, BF307524, AI480277, BF960307, AA321228, AI565943, AI493176, BF960304, BF336986, AW027985, BF308034, BE159877, AI653941, BE829951, AW664513, AL135012, AW858522, AW577199, BF084778, AW601637, AL134110, AL045494, AL134524, AL042523, AL045327, AW577201, AL042420, AL042468, AW577192, AL045328, AL047163, U46344, AL042741, AL042655, AL042898, AL136927.1, AK025498.1, BC009255.1, AP001781.4, AC000381.1, AL136764.1, AL136762.1, AL133053.1, AL136763.1, AL136755. 1.
HBAMB34	55	553553	1 - 1013	15 - 1027	BE673228, AA771964, N93148, AA844453, AA782604, AA936090, AA594712, Z23123, AW015698, AI589136, F00234, AA479120, AI301192, BE348256, AI769699, AI870557, AA676477, AW074427,

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HBCPB32	56	1352403	1 - 1354	15 - 1368	AL522529, AA776274, BE439690, BE439637, AI421729, AI421796, AI031855, AI418669, AL522530, BF312464, AL530028.
HBCQL32	57	1134954	1 - 388	15 - 402	AW574632, AA779803, AI420937, AI139252, AA993944, BF591447, AI631896, BE906760, AA614327, AI086516, AI017902, AI651172, BF437264, AI972275, AI023361, AI692172, AI753360, AA813167, AI381013, AW015745, AA458613, AW404165, AI351368, AA057753, AA405488, AA569272, AA383066, AW602265, BF342355, F37908, AA368651, BF840063, BF081585, AW959191, BF835219, BE717190, N51554, AW301825, AW272082, C01302, AW264472, AI659074, BC008044.1, AK024535. 1.
HBGNU56	58	1352412	1 - 850	15 - 864	AW954217, BE875979, BG025158, BF529722, BE395207, BE734057, BE789549, BE873075, BE785505, BE614806, BE738333, BE614883, BE253565, BF340317, BF737302, AA044211, BF792671, AW796084, AW238972, BF738993, BG012029, BF812968, BE876237, AW406916, BF901660, AI342703, AA075901, H25630, BE810793, BE183450, H43485, AA296837, R95168, BF809994, BF868942, AL532494, W95348, H80718, BF804848, AA287470, AA806231, AL532493, AA298795, BF997411, AA296696, AA296826, BF082160, AA218811, AA296869, BF331433, BF829581, AA034079, AV743953, AW802996, H73675, R55519, BE140100, BF056207, AI819836, BE737872, BF446055, AA465105, BE396147, AA044081, AA583464, AI582284, AA983595, BE775061, C00212, BF771777, BF799156, BF895320, BF931829, AI537196, BF771828, AA523623, R39644, AI521467, AI952620, BE828356, AA187096, H42497, AA297863, BF763569, AW338141, BF736987, BF248485, AI346295, AI424071, AW512207, BF905334, AI066489, AI028038, AA699982, N86960, AI358167, T10507, AI683820, BF245896, BE904822, BF978464, BF811185, AA622655, BF814100, AA304509, AA595646, AA912088, AA287334, AA643965, BF747982, W95391, BE043918, BF807379, AI279829, AA722634, AI817892, AA187305, H80719, AA485829, R55520, BE671577, BF750444, AI637718, BF674579, AA873526, AW103333, AI650465, AA531049, AA658172, BG057590, AA583458, AV743642, AV739884, AV742260, AV743114, AV738121, AV736224, AV744272, AV741543, AV738375, AV738262, AV743004, AV739415, AV736083, AV737550, AV737002, AV741197, AV737715, AV742899, AV741000, AL037348, AV737101, AV739156, AV739895, AV701296, AV743288, AV740805, AV740787, AV737726, AV737727, AV744332, AV739871, AV740443, AV742357, AV743197, AC002390.1, AF177940.1, AL080096. 1.
HBHAD12	59	420036	1 - 772	15 - 786	AW905621, BE087451.
HBHMA23	60	848016	1 - 1161	15 - 1175	BF672220, AW384404, AI924632, AW167650, BF743981, AW449208, AW363590, BE693858, BF827339, BF826403, AI909935, AW167610, BE073612, BE061388, BF089104, BF088537, BE829540, AW577643, BF356926, BF827064, BF355973, BE926857, BE720600, BE934196, BF804024, BF831089, BE933114, BF742671, BF355970, AI024451, AW381927, D45555, BE934074,

					BE932793, BF827455, BG150765, BF356272, BF356040, BE933205, BF830960, BE720102, BE933204, BF831058, AA428580, BF095122, BF827065, BF743071, BF874568, AA316552, BF827647, BF088448, BF356778, BF088529, BF752887, BF752876, BF830967, BF750902, BF827636, BF088528, AW384405, BF154912, BE073529, BC008429.1, AL121901.20, AL355392. 7.
HBIMB51	61	963208	1 - 523	15 - 537	AW293249.
HBINS58	62	1352386	1 - 829	15 - 843	AI827239, AW104045, AL536345, AL096774. 9.
HBJFU48	63	460392	1 - 835	15 - 849	BF674706, AA657543, AV757289, BE139139, AI250552, AI251284, AI251203, AI284543, AI251034, AW674277, AI254770, AW303098, AA582073, AI249853, AC005696.1, AF045555.1, AC090514.1, AF243527.1, AP001725.1, U91318.1, AL121897.32, AP003357.2, AC008155.9, AC005081.3, AL132838.4, AC011470.5, AP000692.1, AL132640.4, AL109976.23, AL121992.24, AL135928.6, AL033529.25, AL353807.18, AC020916.7, AL138849.12, AC011247.10, AL158830.17, AP000501.1, AL008637.1, AC006270.1, AC011464.5, U95742.1, AC022384.4, AC011555.5, AL049795.20, AL033383.26, AC005921.3, AC012170.6, AC004922.2, AC007934.7, AC018828.3, AL121653.2, Z82215.1, AC022383.3, AL049636.22, AC007216.2, AC005971.5, AC005058.1, AC010431.7, AL135783.6, AC044797.5, AP000355.1, AL121928.13, AE006462.1, AL590682.9, AL451083.5, AL162724.16, AC004906.3, AC006312.8, AL359272.9, AP001666.1, AP001716.1, AF111169. 2.
HBJIY92	64	778065	1 - 2420	15 - 2434	BF507343, AI830176, BE777697, AL134817, BE466375, BE536137, BG033415, BE770976, BF665352, AI141799, AI333231, AW083069, BF674917, AI819484, AW291130, AI693686, AI139569, AI765217, C05997, AI191712, AI360840, AW403076, AA830242, N23996, AI707975, AI360845, AV746530, AI743353, BE675302, N28536, AA737061, AW405631, AI864662, AI627462, W31857, AI492266, AW589350, AI581705, AI624651, N34736, AI860242, AA181897, AI811985, AV682516, AA812089, AA768170, BF589611, AI942262, BF572713, H99855, AI536025, AA612923, N67098, AA705383, AA082077, AA761491, AA884032, AA442783, AW977117, H00904, AW770178, AI796455, BF571118, H00903, AI568136, AA682798, BF343253, AI926340, AW591358, T91642, BE887851, BE693611, N28620, D63124, AI432722, T91587, AI740627, AL513907, AL513597, AL514791, AI433157, AL514063, AL513977, AL515413, AL513553, AL513693, BG179993, AL514627, AW087445, AI613017, AI580190, AI469532, AI702433, AL513631, AI539153, AL514691, AL045500, AL513999, BE018334, AI934035, BG260037, AL514919, AI538716, AL515191, AI564719, AI572787, BF724198, BG252914, AL514303, AV758822, AV758592, AI636719, AI687362, AI812080, AL515019, BG180996, AL036146, AL036361, AI583316, BG110797, AW169653, BF868489, AL513713, AI499393, AV756393, BE048131, BE966479, BG257535, AI524671, AW274192, AI815855, BG031815, AI446606, AI273142, BE620084, AA470491, AL514015, AW162071, AV758806, BG164371, AL514473, AL513643, BG109221, BF885675, AI687728, AI560099, AI536685, AL513911, AW301409, BG168696, BE964683, AI818683, AL514867, BE964006, BG109125, AV733397, BE967261, BF337043, AV756619, BG250190, AI281779, AV705644, AI653541, AI269696, AL514087, AI537244, BE966388, BF882343, AA640779, BF970162, AV682249,

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					AL050138.1, AL137648.1, AL137538.1, AL122110.1, AK026600.1, AL049283.1, AL512684.1, AK000718.1, AB047904.1, AL049464.1, AK027200.1, AB049892.1, X65873.1, AK024524.1, BC008070.1, AK025967.1, AK026353.1, AF260566.1, BC007199.1, AL359615.1, AL136845.1, AL136786.1, AB060929.1, AK024588.1, AL117435.1, AL137271.1, AB056421.1, AL049300.1, AL162008.1, AL359583.1, AF056191.1, BC008983.1, AK027204.1, AK027164.1, AK026630.1, BC008893.1, AK000647.1, Z82022.1, AL110197.1, AF183393.1, AL136843.1, AL162062.1, AL137463.1, AL512761.1, AK025906.1, AK026947.1, AL080127.1, AK025524.1, U80742.1, X72889.1, AL512750.1, AK025632.1, AL133072.1, AK026629.1, AK025391.1, AK026480. 1.
HBJLC01	65	638410	1 - 858	15 - 872	AW962384, AW956292, AA631830, AV708590, AW964544, AV709418, AI814702, AV729132, AV726091, AA652816, AV657453, AW956077, AW962908, AW966634, AW963349, AV708167, AV703597, AV727065, AV703388, AV703232, AW961593, AV702425, AW961606, AW950632, AW963756, AW963609, AV701873, AW959734, AW962444, AV707331, AI525316, AV703761, AV729517, AV726754, AV707276, AW961313, AW963348, AV705525, AW962942, AW963583, AW966270, AV708720, H60864, AW950748, AC004033.3, AC007050.25, AC008745.6, AC005500.2, AP000502.1, Z94801.1, AF019413.1, AC005261.1, AC005332.1, AC025588.1, AC006372.2, AC008265.15, AL590763.1, AL359235.3, AP000789.4, AC005476.4, AC079602.15, AC009789.21, AC018638.5, AC024952.4, AL022318. 2.
HBJLF01	66	732111	1 - 1918	15 - 1932	BG261130, BG121213, BF347966, BF796462, BE899286, R17115, AI123525, AI697325, BE783654, AW402585, AA032055, BF724098, AA031919, AW402594, AW402872, AW026287, W89010, AI926967, W95778, BF887406, AI376419, BF381332, BF507805, BF888120, AA233002, AI669291, AI963299, BF744292, BF907549, BF907541, AA954836, BF888127, AI768850, AA768759, BF888128, AA232951, BF744299, AW090314, AI571824, BF888074, N73038, AA480645, N53675, AA886377, BF888119, AA535561, AI864506, BF799491, AI217778, N51612, BF381336, N53906, BE819619, AI806785, BF744934, W95735, BG251027, BF381311, AI674508, AA016130, AA743705, AA917873, AA649797, BF887394, AA631017, BF907590, AI480218, AW302053, BE139664, Z39059, H86222, AA954334, AA456896, AI244571, AA015836, AI341715, AA485019, AI078627, AI015866, AA827439, BF745018, AW271993, AA954612, AW001670, AK000208.1, AC011005.7, AC083866. 2.
HBJLH40	67	828130	1 - 1839	15 - 1853	AA830583, AA465482, AA731000, AA815064, AI632903, AW576518, AA847860, W84413, AA210914, AW341113, AA721650, AA488009, R45299, AW873717, AI693003, AW977787, AI283768, AI127928, AI148391, BE048487, AA417947, AA236463, AI671420, AA836581, Z38691, AA811097, AW471001, AA210913, AI500017, AA709242, AA418189, AI492414, AA234646, AW956166, AV703593, AW950675, AW963117, AV706278, AV701983, AW954129, AW965551, AC013414.7, AK026400. 1.
HBJNC59	68	1125802	1 - 1047	15 - 1061	AW007501, AA902287, AI858092, AI005351, AW959933, BF342564, AW083940, BF820646, AI870864, AW960414, AI032697, AW149115, AA829811, AA709070, AW264612, AA643392, AI951841, AA614344, AI312642, AA533443, BF850030, AI799536, AA991955, BG222284, AI830766, AA594172, AI289881, AI741805, AI276207, AW088660, AW268666, AI749660, AI369678, AI264768,

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HBMCI50	69	668268	1 - 906	15 - 920	AP002088.2, AC007429.11, AC020612.40, AL513015. 6.
HBNAW17	70	526797	1 - 587	15 - 601	AA713518, AA807610, AW104604, AA830415, AW975518, AL138824. 19.
HBOEG11	71	1300752	1 - 1342	15 - 1356	BF056642, BF516162, AI807970, AI081658, AA861514, AI494148, AW448950, AI973060, AI400318, BF849398, AA385680, AW028539, BF847907, AA377456, F34025, AI472684, C01967, BF344191, BG251209, BF337896, AW079432, AI783808, AA649296, AI343030, AI334889, AW023871, BF107008, AI336565, BF911517, AW243767, BF874010, AW410046, AW151283, AL041230, BF911521, AV744830, AA836558, AL048644, AA769697, AI799189, BE892572, AW952403, AI933926, AW074057, AW020619, AA768214, BF154738, AF083500.1, AF100780.1, AF074604.1, AL139352.16, AF100781.1, BC002631.1, AK024855.1, AK024533.1, AB060883.1, AP001605.1, AP001699.1, BC001795.1, BC008895.1, AL136789.1, AL137461.1, BC008488.1, BC003105.1, BC005805.1, AB060828.1, BC005084.1, AC008897.7, AF125948.1, AL162085.1, Z49258.1, AL445220.5, AL049276.1, AK024570.1, X76228.1, BC002948.1, BC007371.1, AL096728.1, AL117590.1, AL080124.1, BC000199.1, AL109672.1, AF090900.1, BC005890.1, BC000895.1,

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HBOEG69	72	793786	1 - 1397	15 - 1411	AW576190, AA524064, BF701378, AI337569, AW058654, AW964434, BE568412, AW978965, AW241842, BE221243, AI346249, AW241843, AA825846, AA936562, AI184881, AI346396, AA570030, AW368546, AA465472, AW995507, AW361365, AV743550, W74158, AV750714, H80936, BF879997, BF880246, AI144077, AV743963, AV740879, AI053597, AI222773, R95913, BF901243, AA318779, BF088361, D62291, R27740, BF767423, AI277044, AV743740, AI053934, AI310256, R27741, R08998, C00592, N64904, AA827757, AK024978.1, AC006146.2, AF147723. 1.
HBXFL29	73	842802	1 - 2215	15 - 2229	AU124786, AL523480, AU125638, AA608680, BF185800, AL135214, AI346426, AW369825, AV715627, BE044175, AA704114, AU148578, AI953494, AA102088, AA099340, AA875957, AA411819, AW103703, AI339566, AI610736, W27706, AA825903, AI934820, AU149251, AI080375, AU160262, R67711, N40031, AW901194, AA315231, N27293, AA401638, AI307801, AW589999, Z42700, AA382141, Z38860, AI382965, AA774224, BF816363, R62663, R43562, AI244553, AW118387, R62613, R22885, T35989, R66107, AI204282, F10296, BF946792, BF944261, AA095193, AA093900, AI964066, AW576941, AW025279, BE048061, BG114528, AV759054, AV761957, BG105500, AI625444, AI679506, AB020705.1, AK022701.1, AK025648.1, AC005207.1, BC002697.1, AK026649.1, X99717.1, BC008365.1, AF260566.1, AL359932.1, AL137267.1, AB049849.1, AB047623.1, AJ401156.1, BC007347.1, AK027142.1, AY007109.1, AF285836.1, BC006287.1, AL049276.1, BC007034.1, BC009311.1, AF151109.1, U72621.3, AL390154.1, AF103804.1, BC003684.1, AL137479.1, AB062750.1, AK025391.1, AF093119.1, AK026642.1, AK000391. 1.
HCACU58	74	625923	1 - 1540	15 - 1554	AW470141, AI540555, AI150724, AU120416, AA547979, AI187148, AA287570, N32944, AA255853, AI802087, AW276458, BG009661, AI923052, AW976784, AA904211, BF805088, AI278972, AW269504, BF942976, BF939548, BF725844, BF944736, AV720367, BF920612, AA812058, AA410788, AA535216, AW069227, BG056362, AW965008, BE265787, AA425924, AA873573, AV719902, AW819125, AI634187, BF804385, AI445582, AA487475, BF965394, AI160786, AA742815, AI133514, AI608699, BF767878, AW023111, AI625604, BE139139, AI491765, AI457313, AI733856, AI250552, AI792521, AW969743, AA228778, AI279417, AA483606, H73550, AA570740, AU147162, AW505253, F28204, BF857849, AI284543, AI889579, AI251034, AL527073, AI251284, AI251203, AA470512, AA315361, AW972919, AI679002, AV760019, AA568204, AI538236, BE645220, AA847508, AV695478, AI291439, AI884383, AL047467, BF968874, AI537995, AI130709, AA730305, N59569, AW968564, AI890324, AW674631, BF725761, AI223626, AW341978, BE138509, BG250286, AI679759, AI814682, AA847427, AV725627, AI889696, AI254770, AA456924, AA714110, AW805539, AI053688, AW575000, AW131417, AA832145, AI573198, BG230549, BE138594, AL041375, AC009511.16, AC005071.2, AC020913.6, AC005081.3, AC004166.12, AC079602.15, AC087071.2, AC005015.2, AC002472.6, AL138724.12, AC005098.2, AC005011.2, AC019206.4, AC009412.6, AC007664.12, AC018642.6, AC011461.4, AF053356.1, AC006064.9, AC004841.2, AC020908.6, AC011497.6, AC005562.1, AC005102.1, AC009079.4,

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HCACV51	75	1306706	1 - 2069	15 - 2083	AL521141, AL521142, AL524128, AV695196, AV694072, BF338443, BG114245, AV689975, BF670146, AI760812, AV723814, BF574966, AI633691, AI907541, BF528015, AI743976, AW006271, BE549523, AI700393, AA115333, BF448307, AI768614, AI378849, AA131998, AA131832, N66024, AA151271, AI129857, AV704651, AI091145, AW380450, AI269749, AA172168, AV724434, R54280,

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HCDAF84	76	544988	1 - 413	15 - 427	BF001489, BF970768, AI887163, AI491710, AI886355, AW088698, AW022636, AW162194, BF814357, AI648699, AV647773, BE904652, AI225000, AI634805, AI521799, AA857847, AI954293, BE879459, AI567582, W45039, AL513901, AW195253, AI698391, AW151132, BE393784, AI923989, W38553, AL514025, BF527014, AI590423, AI370623, AI699823, BE540578, AV721135, AI554343, AI586931, AI590043, AV711455, AV727980, AA279795, BG113385, N25033, AI285439, AI499570, AI334893, BF969477, AI114703, AW149092, AL514015, AL039086, AL118781, AV726156, AI679487, AI690748, AL513977, AI274508, AL514047, BE839731, AL037649, AI247082, AI824576, AI559752, AI587209, AL046466, AI611803, AW163834, AW008166, AI684279, AI380723, BG179993, BG166668, AI690813, AI289791, AV726605, AA724368, AI473536, AV726229, AA767924, AL046454, AI382313, AW055252, AI537677, AW051088, AV682289, AW020381, AW080076, AI499325, AI590755, AW006032, AL120756, AI623835, AI312210, AW071349, AI394522, BG122101, AI434731, AI440238, AI627714, AI859644, AI538885, AI927233, AI471429, BF343205, BG024570, AI080256, AI560679, AA847199, AW170725, AI638644, AI653829, AI619820, AA580663, AV728997, AI889189, AI567971, AI758924, AI538764, AI624641, AV682195, AV681848, AL040694, AI419826, AW020419, BE875959, AW194014, AL514791, AW129916, AI383804, AI049733, BF527697, BG113168, AI225023, AI540674, BG033732, AI744204, AL042745, AI623941, BF997967, AW183620, AV709679, AW020397, AI469516, AW020480, BE018334, AV736995, AI955945, AI633061, AI624245, AW129456, BE974031, AV757495, BG260881, AW130804, BF892007, BG109606, AV733760, AA928539, AW089844, BF725599, AV682787, AV714975, AW081902, AV713627, AV758477, BF814516, AI784214, AW089351, AV755415, BF792740, BG180273, BF811808, BF245586, AI537187, AI446646, AI440260, AI537516, AI584118, AW880037, BE910373, AA641818, AI336754, AI224373, AI348995, AA808175, AI539260, T69241, AW105591, AW169618, AI374878, AI383510, AI539690, AA001397, BF343238, AI702527, BF339322, AI801592, AI345415, AI345688, AW161812, AW150762, AW105412, AW021717, AI540759, AI688854, BF811802, AW129659, AI889306, AI633125, AI310575, AI538564, AI888208, AA830994, AI310582, AI915291, AI538850, AW152182, AI472487, BG177717, AW673679, AI915210, AW029611, AI340533, BF811804, AI815855, AI741467, N71180, AW983832, AI539800, AI572076, AW104141, BF669151, BG110490, AA761557, AI432644, AI334445, AI570807, AW945539, AW196720, BE877467, AI866469, BE047606, AI251221, AW132056, AV750565, AL138406, AV761267, BF752997, AW834282, Z94161.5, BC002697.1, AL080118.1, BC007732.1, AF069506.1, AB052191.1,

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HCE1Q89	77	520329	1 - 849	15 - 863	AA161299, AU144143, AI825905, AI354376, AW081897, AW129576, BF811204, R94288, AA720732, AI431303, AI281881, AW276817, AL119691, AA525127, AW080811, R71981, AW103758,

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HCE2F54	78	634016	1 - 1262	15 - 1276	AL530657, AL534642, AL519887, AL519439, BE257752, AA769913, AI609266, BE674973,

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HCEFB80	79	1143407	1 - 2480	15 - 2494	BF343021, BF339312, BF341481, BF967606, BF344530, BF344213, BF513319, AI393526, BE857064, AW016800, AI937454, AI370995, AW170034, AA416907, AW044650, N75664, BF341415, AW960857, BG222497, AA703765, BE855450, AU146334, AA703342, N64813, T23840, AA446784, AA228781, M86149, T08275, AA386225, AA417008, AI671567, T15689, AW128975, AA432098, H83023, M85314, AI277779, BG222958, BF923571, M79106, BG152559, R13095, R11764, R21361, BF921573, F05369, T28040, T10247, AA323697, AI361427, AW235399, AI352392, T10246, R37689, AW594074, R40527, H82804, N59328, BF894586, R46460, T15861, BE672078, C14288, D25217.2, AF319633.1, AL022327. 17.
HCEGR33	80	425212	1 - 1616	15 - 1630	AI204978, AI217542, T95193, T95093, AA179147, AA526099, BG056362, AL516659, AL049829.4, AC013449.8, AL355101.2, AC073542.4, AC007298.17, AC012592.10, AL138758.7, AC079316.15, AC005399.19, AC020629. 6.
HCEMP62	81	684780	1 - 1846	15 - 1860	AL520667, BF689505, AW953641, BG168504, BF343502, BE747867, BE737374, BE734304, BE514593, BE378257, BG179655, BF982990, BE909615, BG058649, BG115902, BG029850, AI688113, BE870978, AI554392, BF689070, BF690427, BE546131, AA911109, AW173438, AW382483, AA486370, AA778384, AI382028, AA776265, AW580475, BF874009, AA563686, AI493765, AI523553, AA484857, AI362311, AA811238, AA906681, BE047437, AA838288, AA460659, AI276177, AW404956, AW752131, BE763979, AA479791, BG029140, AA259052, AI097482, AW580486, AI082243, AA488079, AW510339, AA088205, AI609703, AI093069, AV683434, AW438882, AW366250, AA477188, BE141358, AI350871, AI953839, AI033274, AA285058, AA648139, AI087234, BE141360, AA226399, AA594766, BG006416, H03363, H53631,

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HCENK38	82	658737	1 - 1495	15 - 1509	BG178033, BE896063, AV722833, BE907276, BE277857, BF952019, AA521308, AW182868, AA908959, AI628880, AW173363, AW665845, BE870003, AW631238, AI151418, BF996707, AI818267, BG180581, AI653663, AA001203, BE150445, R78710, AA130178, W03542, AA746655, AI828924, AA001202, AI961323, BE277870, AI093113, AI377976, AI951984, AI635625, AI624029, AI418242, AW088095, AI346936, W92652, AA130170, AA024605, W60401, N53543, AI207798, AA969140, AV706224, AA206833, AA862855, AA883077, AW173095, AW467519, BF830518, AI890288, AW952261, AA676671, R76291, AA641764, W60310, AI536758, AA742467, W92685, BF830522, C01747, BF029590, AW273508, W72474, AL047508, AI863984, W46673, AA928559, H97873, W46482, AA969604, T17266, W92828, W94587, BF963436, AA024606, AA973624, R61420, BF107415, AI932612, W76228, N72501, BE147741, AA160170, AI247642, AI499771, AW582120, N92375, AI803849, C04881, AW192182, N67695, R76925, AV728500, BF906742, AA641806, AW601191, BG104607, H00789, T31087, R61378, BE706416, AL047509, R78711, R76567, AA564390, AA992073, C15162, AI187944, AW779277, H39236, AA812071, W61163, H85007, AA733042, W61229, AI016971, H81599, H97053, R78466, H86612, H85630, AV713546, H90060, H86032, R78534, AW952259, AW889353, AA021401, AI540906, W24617, R62435, AA714924, R84855, H00689, H81598, AA918680, BE903841, T08911, BF834059, AA501896, BG106391, R40305, H86526, H85633, AA021275, R21120, H85004, AA774992, AI834279, AW970014, BE140906, N56017, AA573996, AI300746, R13223, Z43839, AI834298, AA094627, R85725, AA600097,

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HCEWE17	83	941941	1 - 953	15 - 967	AI310325, AI022447, AA693896, R83833, BF819760, AI925934, AF193807.1, AY013268.1, AY013267. 1.
HCEWE20	84	543370	1 - 871	15 - 885	T51653, AW168798, BG059728, AW151307, AA189081, AL133942, AI924175, AI610776, AI034217, AI479035, BE165748, AI811494, AW090210, AA346162, AW167452, AI687804, AI749571, AA470572, AW089655, AI197934, AI827133, AU144339, N64574, AA470493, AI697247, AI937684, N76274, AI984510, AL047920, AA223830, AA493998, BE176566, AV730063, T62931, BE148908, AA876415, AI801377, AW589501, AA085707, AW177317, AI439860, AI813517, AA581340, AI858607, AA099491, AA613244, AI887321, AA643785, AA633390, AU143906, AV719347, AI362951, W58428, AU146966, AA847621, AI564253, AI921101, AL041417, AA643823, AI567544, AI733077, AW177120, AI561208, AI264673, BE158597, AU145674, AA130536, AA694579, N74502, N54295, AW440317, AF063514, AU119100, AA873103, AW177237, AA160519, AA197059, AW177231, AW177264, AA598786, W49501, AA911409, N26540, BE264670, AL036881, AU146974, AA493751, AW994225, C17730, AA724159, AU145383, AA157033, AA041332, AA166854, H96719, AA055654, H65500, AA219480, AU148220, AI935333, AL523955, AI132962, AW084901, N48690, AI862874, D29455, AA598990, BE044603, AF074627, AV730577, BG235936, AA878800, R94112, AW275729, AI376984, AI951835, AA101456, AA503213, AW440351, AI735074, AW177266, BE904846, AA846188, AW177226, BE152426, AA493735, AA593081, AW615437, AI538654, AA404968, AW813744, AA669580, F03370, AA350922, AA356989, AI421079, AV728282, AW771706, N76124, AI189033, AA584498, AI961771, AA953572, AV719696, AA467957, H04879, BE159220, T69889, AV720543, H97020, AA467904, AW074001, AF282520.1, AC073310.7, AK026100.1, AL030995.1, AL445236.22, AC023160.31, AK027219.1, AC003977.1, AC008945.6, AJ271735.1, AC012172.6, AL161415.2, AL139125.18, AC002217.1, AC023892.35, AL512629.7, AC069228.26, AC011998.8, AP000075.1, AC008651.7, AL133238.3, AL359816.16, AL121694.4, AP000639.4, AC004029.1, AL121757.7, AC002349.1, AC027304.3, AC004397.1, AF003627.2, AC018637.3, AL355615.12, AB038653.1, AC011755.7, AC022468.5, AL133325.20, AL356113.8, AL121986.12, AC004636.1, AL356213.10, AL390023.8, AC008496.5, AC009812.17, AL136374.4, AC007388.3, AC005280.3, AL133404.8, AC012309.7, X14975.1, AL133240.3, AL158069.16, AC011310.3, AL356782.14, AL158055.12, AC010285.4, Z84482.1, AL359950.4, AL034428.4, AC010145.9, AL441887.9, AC003085.1, Z83836.2, AC025420.26, D86996.1, AC007392.3, AC007207.22, AC020717.3, AC022316.18, AP002532.1, AC012323.7, AC026413.5, AL590792.1, AL031387.4, AC022083.6, AL512885.4, AK021525.1, AC005614.1, AC008162.3, AL136170.12, AF248484.1, AL033524.11, AC079175.24, AC007051.3, AF127577.2, AC016396.5, AL132715.3, AL359398.2, AP000626.5, AC073095.3, AL353580.7, AL354758.14, AJ251973.1, AL034545.1, AC004551.1, AC068812.13, AP001669.1, AL590404.5, AC010276.6, Z73497.1, AC013355.7, AL031775.1, AL049570.11, AL590387.7, AC008518.3, AC003670.1, AL160236.4, Z95114.19,

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HCFCU88	85	553587	1 - 839	15 - 853	N21179.
HCFMV71	86	526599	1 - 386	15 - 400	AI916386, AI392712, BG035021, AL135901. 23.
HCFNN01	87	430297	1 - 1247	15 - 1261	BF592932, AI660093, AI917105, BE502245, AI435489, AI168436, BF131228, R69799, R67877, R81389, AW170015, R34017, D51015, AI283968, R69800, F08994, F08984, T16467, R81390, R67878, R33479, AI581033, BF981109, AL110306, AI929108, AI538885, AL046944, AI889189, AW858243, AL039390, BF795712, BG257535, BE963035, BG110517, BG029667, AI433157, BG252929, AI539771, AW162194, AI345688, AI537677, BF811804, AI500659, AI815232, AI801325, AI500523, BF812438, AI500714, AI433976, BE885490, AI923989, AI284517, AI500706, AI445237, AI491776, AW151138, AI521560, AI500662, AI284509, AI866573, AI633493, AA470491, AI434256, AI888661, AI284513, AI888118, AL045626, BF911521, AI671642, AL036403, AW022808, AL041150, AL513577, AI620284, AI582932, AI888665, BF812963, AI828574, AW022682, AW023338, AW673679, AI274759, AI554821, BG260144, AI648567, AW151136, BE877142, BE047852, BE897632, AL048656, BF338002, AI494201, AI889168, AI866465, AI355008, AI538850, AI623736, AI872423, AL046926, AI440252, AV729760, AI582926, AL045500, AI539800, AW172723, AI440263, AI866469, AL513991, BE886728, AI434242, AI805769, AL513597, BG120706, AI859991, AI436429, AI889147, AI355779, AI371228, AI590043, AI491710, AL047422, AI866786, AI860003, AI610557,

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HCFOM18	88	553582	1 - 625	15 - 639	AC007374.6.
HCHNF25	89	1352270	1 - 3562	15 - 3576	AL528465, AL519763, AL526785, AL520938, BE792140, AL520937, AL527998, AL519764, AL528505, AL526872, BE796431, BE746920, BE383840, BE790802, BE277211, BE253824, BF314475, BE796466, BE515157, AL522365, BE792677, BE561212, BE905641, BE902997, BE744397, AL524630, AL528908, BE514253, BF310540, BF569123, BE906475, BF206368, BF528971, BE887141, BE791917, BG026441, AL522366, BG115233, BF973161, BF568333, BE250017, BE396510, BE903106, BF347981, BF220140, BF128023, BF310318, BE780328, BE267959, BE783597, BF972622, BE397012, BE396688, BF127846, BG105951, BF219907, BF206556, BE789125, BG113261, BF183102, BE893242, BG026796, BE271726, AV753314, BG107642, BF965674, BF185761, AI625920, BF681098, BE909654, BE561350, AW275869, AI738622, AW007183, BE909375, BE784249, BE901071, BE785884, BE621366, AI860983, BE855860, BE252957, AI685085, AW250561, BE260127, AW270016, AI634191, BE300918, BE398115, BE782484, AI709014, BG036598, BE264246, BE294812, BF983181, AI670007, AW131857, AI880395, AW117176, BF104971, AI813518, BE909039, BE621619, BE795421, AV760771, BE394970, BE966882, BG257502, BF037247, AW573314, BE545785, AA203110, BE207736, AW665822, AW188410, AA652478, AW592610, AW248680, AA146975, AI954083, AA147767, AI669418, AI147761, AA181845, AW241902, BE786856, AI160413, AW732763, BE880512, BE900799, AI081515, BE251158, BF677734, AI203977, BE348436, BE305074, BE296342, BE273772, BF304443, AW005522, BE561489, BF592041, AA701486, AW956672, AI567481, AI568647, AI041032, AA974916, W37397, BF313875, AW025321, AA156467, BE207298, AA404355, AA129237, AI718057, AA593316, AA478160, AA464385, AA488430, AA993638, AA806763, AW627783, AW151216, BE350585, AA147827, AI950821, AW015199, AA994961, AI149434, AI123393, AI123891, AI384079, AI439003, AI355387, AA835483, AA553902, AA761282, AA588042,

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HCNSD93	94	630649	1 - 1092	15 - 1106	AV700008, AV699462, AV699991, AV699989, AV699993, AV700164, AA633033, AC011331.2, AB047608. 1.
HCNSM70	95	637547	1 - 1075	15 - 1089	AW170355, BF437750, AA781956, AA304933, BG260457, H48606, AW517161, AA088807,

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HCUHK65	100	651313	1 - 353	15 - 367	AI161343, AL520380, BG111970, W84487, AA868067, AA931374, AI271350, AI080159, AA970366, AI221950, Z39489, F02802, AA213383, AI205879, N92722, T08346, R42398, AI743040, R37459, C02421, F04701, N92721, AI861833, W84564, BF062378, BG032378, AI190488, AL442092.1, AC004142.1, AB060967. 1.
HCUIM65	101	550208	1 - 861	15 - 875	BE781101, BE540200, AI972511, BE300952, AA464837, BG150212, AI681901, AW172458, AA099207, AW205564, AW408650, AW205714, AA450308, AA636047, AI656442, BF437116, BE466112, AW575656, AW962721, AW206882, AA099221, AI620473, AA369585, AW469939, AW136836, BE547752, AI638262, BF059133, AA236642, BE551958, AW086133, AI917742, AI623315, AC005391.1, AL445584. 16.
HCWEB58	102	1352416	1 - 1269	15 - 1283	
HCWGU37	103	1042325	1 - 2763	15 - 2777	AV762098, AV718260, BG249643, BF677892, AI334443, AW965008, AV764228, BF697673, AI270117, AV710066, AI284640, AW072923, AV733830, AV713243, AL046409, BE646496, BF680074, AL138455, AW303196, BF241967, AW301350, AL037683, AL120483, AV760466, AV760599, AA055169, AA490183, AW406447, AV710387, AW769399, AA587604, BF681576, AI133262, AL046205, AI445582, AI281903, AW008212, AV764578, BF725504, AA244357, AI567674, AA521323, BF680041, AA813902, AV763354, AL041690, AV762645, AV763714, AV760042, AF330238, AA521399, AA719292, AV762959, AV759505, AV759204, AV760777, AW274349, AA838140, AA857486, BG167743, AV760937, AI307201, AI538852, AI696962, AA126035, BF676981, BE967369, BG109996, BF337291, AV762139, AL044940, AI963720, AV756693, BF679256, AV761286, AW472872, AV764530, AI672135, AV759172, AA501809, AV725431, AV761925, AW373587, AI076616, AW979060, AV762397, AI654588, AV728425, AW502305, AV760039, AV762050, AI431303, AV763670, AV762064, AV729809, AW518220, BE160727, BF668217, AI064864, BF679274, AA720702, AV763629, AA640772, AA526787, BE779948, BF311000, AW502100, AW963497, AA581903, AI204309, AF074677, AI679782, AV758946, AI917156, AV740801, BF684828, AW167799, AI133164, BG177715, AL042853, AI754955, AV735495, BF984050, AV764241, AV763385, AV764329, AI431232, AW950797, AW021583, AA569167, AA610491, AV682003, BF347791, AA488746, AV757607, AV725423, AW193265, AV710770, BF991286, AI471543, AI679294, AV763540, AA491814, AI538433, AU149045, AI623720, AW265385, AV759267, AU145239, AW473541, AW327868, BE049095, BF797630, AV763449, AV742057, AA837084, BF347740, AV761489, AI732865, BE146711, AI281881, BF965007, AI801482, BG236735, AW410400, AV760378, AL048626, AU155359, BE049139, BF673914, AI144055, AV760774, BF681427, AV761362, BF130605, N23097, AA470969,

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HCWKC15	104	553621	1 - 696	15 - 710	AW504485, AI380617, AW805539, AV758903, AL079734, AA916430, AW819125, AV762982, AI625604, AI792575, AW084445, AW975210, BE138594, AW069227, AW023111, AV764259, AI792521, BE501593, AW021583, AI890324, BF725844, AW438542, BE138509, AV763026, AV763058, AA904275, AI521525, AA665330, BE077105, AA501461, AW969743, AW327591, AA535216, R94326, BF589824, AA574442, AW338179, AW271904, AI279417, AA651639, AI859946, AA524616, AW020150, AA833896, AV761862, AL042373, BE968744, AW004884, BF528591, AV760019, AA610509, AU131037, BF804385, AA833875, BF725761, AI053688, AI923052, AV761714, AI821714, AI792133, AI791913, AA013168, T74524, AI355246, AW474168, AI284543, BF724838, AI912401, AW068596, AV762633, AI564209, AW975626, AI620992, AI821785, AA483606, AV756220, AV754716, AA533176, BG236628, AI491765, H05940, BE139139, AA504906, AI250552, AA019973, BE049032, AA223174, AI798449, AA570740, BF965775, AL022238.1, AC006329.5, AL359402.3, Z98304.1, AC006948.4, Z84487.2, AC006312.8, AC026749.5, AC010627.5, AC008623.4, AC016656.5, AC016652.5, AC005531.1, AC004675.1, AC006057.5, AL033383.26, AL132768.15, AF088219.1, AC004849.1, AL031904.1, AC079177.21, AC007318.4, AL035659.22, AC074013.5, AC005829.1, AL035252.5, AL590762.1, AC005668.1, AC007216.2, U95742.1, AC005480.3, AF196969.1, AL158207.15, AC078846.2, AL121655.1, AC008754.8, AC011443.6, AC007191.1, AC008747.5, AL445217.3, AL161911.17, AC006515.7, AL034449.1, AJ010597.1, AL031659.9, AC008891.7, AC016543.6, AL109628.5, AC009509.7, AB038653.1, AJ400877.1, AF317635.1, AL160165.17, AC004106.1, AC004893.1, AL049776.3, AL121753.30, AC002553.1, AL132777.4, AC010530.7, AC005911.6, AL050349.27, AL158830.17, AP002815.3, AP001727.1, Z79996.2, AL035455.30, AL033529.25, AC087071.2, AC009501.3, AC007570.23, AL137229.4, AC004084.1, AC005746.1, AF314058.1, AP001717.1, AL365364.19, AC010463.6, AC004906.3, AC008044.4, AC022415.5, AC008848.7, AB001523.1, AC005387.1, AC007565.1, AC020904.6, AC091529.1, AC002316.1, AF283320.1, AL133163.2, AC026172.3, AL356113.8, AC005079.6, AL163210.2, AP001725.1, AF348209.1, AC002369.1, AC008784.6, AL161937.13, AC011481.4, AL354735.14, AC008622.5, AF111167.2, AC011890.4, AC006449.19, AL352978.6, L78833.1, AL096761.1, AC004593.1, AL096701.14, AL136300.22, AL121949.13, AL031432.1, AP001561.4, AC013355.7, AC090958.1, AL133153.3, AC005837.1, L47234.1, AC004448.2, AP000500.1, AC005840.2, Z95114.19, AJ011930.1, AL359091.10, AL163300.2, AC003101.1, AL139415.10, AC011485.6, AC007738.2, AC005225.2, AC002477.1, AC012306.11, AL035413.19, AC006146.2, AL109798.19, AL512347.14, AL109925.11, AC008762.6, AL355543.13, AC022468.5, AL162252.17, AP001753.1, AL121905.23, AC005283.2, Z98742.5, AL137145.13, AC006126.1, AL136039.4,

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HCWLD74	105	628256	1 - 1526	15 - 1540	
HCWUM50	106	639037	1 - 1414	15 - 1428	AW967979, AA937109, AA465498, AA465250, AW967765, AA262829, AA743297, H93605, AA325051, AW450216, H93604, AW206258, AU118507, BF513214, AW968591, BE934985, AA465142, AA309767, BE934984, AA204640, BE702699, BF795992, BG116852, AA765520, BF229206, BE838848, BE838830, AW499814, BE838839, BE163480, AU118047, AL158207.15, AF265550.1, AK000975.1, AB011126.1, AK001616.1, AK023681. 1.
HCYBG92	107	598019	1 - 3047	15 - 3061	BG258518, AI637633, AI948573, AW001026, BF194917, BE552379, AA614057, AI694037, AI697799, BF060693, AA978366, BE467885, AI948579, AI637607, AA614050, AW237074, AI656925, AW515719, N78018, AA398561, AI655689, AI681905, AI478149, BE549746, BE467846, H94848, AW235884, R71114, AW167543, AA393165, AW293106, AA621018, T79170, AI300825, AA628874, AA705305, T79253, N78013, AI130016, AI094422, H73384, AA682445, AA305338, W35200, BE464472, AW002908, AW205359, AI560194, H94906, AV726948, AW340784, AV725907, AV704971, R94883, AV704064, AV704660, AV726781, AV706814, AV706025, AV703342, AV727576, AV725152, AV707628, AV702984, AV726559, AV729411, AV706527, AV729593, AV706746, AV706910, R71180, AV652156, AV702071, AV706410, AA628873, H61723, AV729408, AV704245, AV703591, AV705525, AV652547, AV704304, H61929, AV705678, AV708423, AV707948, AV705174, AV704974, AV704378, AW271500, AV658362, AV703388, AV709514, AV729017, AI873386, AV702222, AV753858, AV707451, AV706290, AV659189, AV706395, AV703862, AV707769, AV705020, AV707510, AV706596, AV709356, AV725845, AV661744, AV725181, AV706357, AV705532, AV702637, AV726319, AV729129, AV705443, AV725431, AV708347, AV650367, AV706742, AV728884, AV703232, AV645768, AV702958, AV703453, AV706851, AV653845, AV712021, AV701626, AV705662, AV707882, AV727103, AV727347, AV704520, AV728715, AV709935, AV725369, AV682390, AV701985, AV726480, AV706047,

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HDABR72	108	1301517	1 - 1677	15 - 1691	BE294597, AA749068, AI284640, AL046409, BF677892, AW193265, AI431303, AL138265, AI334443, AV760777, AI613280, AV763354, AW419262, BF668217, AV760937, AI963720, AV740801, AI281881, AF330238, AI345654, AW502975, AV710066, AI270117, BG249643, AI305766, BF311000, BG109996, AV762098, AV734666, AW965008, AW576391, BF337291, AV762050, AV761362, AA610491, AW410400, AW833862, AL045053, AI345518, AL138455, AW327868, AV728425, AI350211, AW270270, BE047069, BF697673, AV735370, AW500125, AV764307, AV761489, AV762111, AV764578, AV762395, AA631507, AV725423, AV763255, AV763971, BF679304, BG222267, AA526787, AL044940, F36273, AA469451, AI610159, AL041690, AV759274, AV761786, AL119691, AI305547, AA490183, AI754658, AV762139, AL037683, AI821271, BF241967, BG236735, AV757607, AI568678, BE350475, AV764241, AA491814, AW872676, AI708009, AA720702, AW472872, BG059568, AI053672, AW963497, AI133164, BF827410, AL042420, AW439558, AI289067, AW969629, AW974109, BG171096, AW438643, AI355206, BF681576, AL046205, AW276827, AV760774, AV762064, AV756693, AV652936, AL120687, BF130107, AI149478, AW975425, AV763633, BE049139, AA468131, AI471481, AV760042, AI688846, AV762959, BF854876, AV759505, AW269488, AV764398, AI537506, AV762397, AV763670, AV658688, BF940837, AV763195, BE154617, AW088202, AW407578, AI679782, AW630298, AV762535, BE872393, AI619997, AI341664, AI345681, AI345675, AI801482, AV733830, AF074677, AW406162, AW103758, AV763540, AV762154, AW193432, BF475381, BF964720, AA623002, AI375710, AV682003, AV759382, AV757425, AW083402, AI633025,

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HDLAO28	113	890457	1 - 1970	15 - 1984	BF669871, BF516590, BE891179, BF674702, AW968749, AA521300, BF034206, BF699497, BF218327, AI567665, AI749981, AA947871, AW968575, BE645523, AA812212, AA173660, AA669111, BE672554, AA279266, AA236768, AI139058, AW956031, BG178790, AA826451, AI281579, AA173659, AA737682, AA769373, AA156985, AA156679, AI263368, AA625733, AA491131, AI367576, AA236924, AA767739, AI281500, AA669931, AA279289, AA251939, AW304714, H78481, AW193270, AA136483, AA669955, R21922, H03284, T56019, R22571, AA223255, H03285, AA032147, AA032146, R25418, R28446, AA369930, AI289500, AA199609, AA095606.

HDPBI32	114	1352360	1 - 1499	15 - 1513	BF317233, BF348587, AI886854, BE262234, BF347922, AI564810, AI571772, BE260801, BF947408, AA620986, AW964855, BF348199, AL118922, AI948418, BF590647, AA682932, AI197966, W56893, BE832972, H38493, R88493, AW139827, AA984456, H49766, AA604007, AA324912, H38543, BF959580, AI816315, BF957744, H30751, H38473, AI565716, AW160990, AI027311, AA326240, BE383259, AI369823, R88620, BF928045, AA323285, AA326352, BF445694, AW904314, AW964663, BF957741, AW896684, AW896682, AW875497, BF758599, H51158, AW896689, AW904318, R89653, BE702414, R85211, AW888897, AI468058, BF206086, R88824, AW904306, R88628, H51120, AW896674, H41534, BF967275, AA622175, BF947811, AB023167.1, BC000051.1, AF190461.1, AB060204. 1.
HDPBQ71	115	1160316	1 - 2298	15 - 2312	AL517702, AL535136, AL517701, BF966919, AV712906, BF310001, BE785105, BG023779, AW608043, AW959115, AW571652, BE546297, AV733133, BG164317, BF965688, AA910337, AW070547, AA630221, AA936329, AI077660, N66596, AA233825, BF769251, AW169158, BE896148, AW966447, AI092899, AI804163, BF966148, AI184325, AI400074, AW105140, AI038519, BE178803, AI243767, AI803580, AA449258, AI089365, AI969422, AI292304, AA971310, AV753091, AA233729, AI289889, AI335939, AI275621, AV748056, BF828492, AA451735, AA973548, H19041, AW129980, BF791539, AW472838, H65681, AA478196, AA666224, BF940460, AI002830, AI374721, AI264277, H29405, BE930289, AA446666, R52737, N99048, F06358, AA233772, H11875, H65682, BF725919, R64291, R59440, AA812450, Z44951, BF825554, BE711465, F07390, AA093749, AI080343, R24935, R64256, AA878276, BF248328, AA081567, AA081513, R20695, D11945, AA249453, AW630557, AA331924, F07956, AI672272, AA383930, AA385881, R63983, AA865796, AI078076, AW964475, AA448551, BF878091, BF091153, T97552, AA453075, BE937893, N98627, T53666, BF836787, R64175, R63901, AA319203, AA424168, BF791814, BG001790, H11513, BF376043, W30696, BE739183, BF086020, BF376012, AW189731, BF769066, AA383577, AW388471, AW388477, AW810765, AW388507, BF247577, AW810647, AW810736, AA092943, T97598, AW810677, AW627523, AW810964, AI261898, BF216270, BF855391, AW810687, AI221448, AI147974, AI611624, AA730133, AI377784, AI672529, BE551587, AI936568, BF115500, BE466653, AW303619, AW388498, BF382656, BF751597, AI962331, AW006254, AI351767, AI655026, AA884783, AL119457, AL119324, AL134524, AW971745, BE161864, AW149892, AL119396, AL119443, AW804686, AW392670, AK027596.1, BC006321.1, AF212247.1, AB062962.1, AC007533.2, AB026436. 1.
HDPCJ91	116	740748	1 - 6093	15 - 6107	AU119059, AW959367, BF792861, BF672087, BE439439, BE717153, BE770928, BE718895, AW971539, AL079949, BE770941, BF687684, BF132755, BF727151, BG009815, AI703121, AI066742, BE968461, BE717019, AW444843, W61007, AI949993, AW502324, AI150343, AI859085, AA393478, AW467411, BF515251, BF063545, BE717046, BE042969, BE673935, AU154204, AA292253, AA838717, AU145486, AI273190, AW512776, BF727150, AI084372, AI597583, AI457829, H99255, AW474793, BE327577, AI697937, AI167388, AI684736, W69563, W31042, AW753588, N98496, AI307397, AW613687, AW241267, BF198110, W60918, AA291214, AW316965,

					BF090819, AA988341, AA908177, AA043254, AA651802, AA502341, BE536255, AA043612, BF431421, AI261626, BF214133, AA972952, AI334810, R80993, AI539739, D62886, AI611313, N28297, H99484, AI825223, AW938439, T65655, AI221607, AA169878, AA435697, AA262010, W69419, F11961, T34633, AI873428, AI457907, BF103809, T65584, AI695552, AA126467, AA641749, AW882312, N52582, BG149944, BE669976, D57676, AA169566, AA126647, F09610, AA446424, R78978, AA291524, D62733, T15751, AA169579, AA628830, AI796712, C18687, AA649257, AI431924, BE763704, AW374026, AV746759, AA091017, R13144, D79785, BF589508, R40624, R78884, AA250810, T20017, AA747613, BF725884, BF806370, AI733856, BF832074, AI635440, BF827469, AW504299, AI683131, AI291823, AI732789, AA236703, AI251034, AI355587, BE139139, AI336054, AI312790, AI250552, AW963463, BG222875, AI039809, AI223626, BF725844, AI284543, AI251284, AI251203, AW268329, AI254770, AA602906, AW673941, AV764259, AV647070, AI569086, AW303098, AA524800, AI249886, AI251241, AW474921, AV737641, BE042006, AI082510, AW971342, AW088049, AW068007, AK001067.1, AL161732.7, AC007688.15, AP001718.1, AL163281.2, AC009134.6, AC068724.7, AL117336.22, AL359382.23, AL121890.34, AC007540.3, AC008651.7, AL139405.11, AL031388.1, AC069255.18, AC006013.3, AC015977.9, AC010742.4, AC008891.7, AC025280.4, AC018764.6, AC005747.1, AL158052.10, AC011247.10, AC002072.1, AC007792.1, Z82203.1, AC004593.1, AC010616.5, AC068799.14, AL121656.2, AF020503.1, Z83822.1, AC005874.3, AF134471.1, AC073542.4, AC004752.1, AL161757.4, AL023575.1, AC006021.2, AC004638.1, AL161670.4, AL117377.18, AL050335.32, AL590636.12, AC002287.1, AL139187.19, AC068722.6, AL137061.12, AL163052.4, AL031132.2, AP001726.1, AL138885.21, AC007225.2, AC004953.1, AL137783.12, AL133373.5, AP000696.1, AP001712.1, AC019187.3, AL355365.10, AL132768.15, AL021395.16, AL512307.12, AP001706.1, AC010145.9, AL031273.1, AC017100.4, AP001694.1, AC020917.4, AL160411.25, AL139317.5, AC007639.5, AC090948.1, AC009333.10, AC015541.21, AC005538.2, Z82244.1, Z83845.14, AC016831.1, AC009505.3, AC004949.1, AC004965.2, AC005358.1, AC007388.3, AC007462.2, AC073581.23, AC008513.7, AC006483.3, AL356244.12, AC002368.1, AC026162.5, AC020741.4, AL096814.26, AL390755.5, AC005514.1, AC008474.7, AC007151.2, AC011359.5, AP002852.3, AC008066.4, AC004032.7, AL034405.16, AL442064.10, AC019046.4, AC006115.1, AP002851.2, AL138725.19, AL163209.2, AP001705.1, AC078878.20, AL138755.13, AC003950.1, AC011331.2, AC002367.1, AC022308.17, AL137780.10, AC069262.24, AL035415.22, AL035697.19, AP001729.1, AP001674.1, AL034549.19, AL356095.11, AF134726.1, AF130342.1, AL163249.2, AC004905.1, AC010149.8, AL390838.26, AL132709.5, AC074121.16, AC004891.1, AC008812.7, AC005274.1, AL133255.13, AC010271.6, AL157881.14, Z83826.12, AC034198.6, AL031687.17, AC006211.1, AL031228.1, AF001549.1, AL449106.15, AC025438.5, AC091118.2, AC063951.22, AC003012.1, AC004383.1, AL354680.14, AC004913.2, AC009263.6, AC002476.1, Z97353.3, AL445472.14, AC008738.6, AP000014.2, AC016673.5, AC005803.1, AC022336.12, AL158206.8, AC090517.2, AC006430.22, AC006345.4, AC011464.5, AC016716.6, AP002342.3, AC005703.2, AF168787.1, AP000563.1,

					AP001688.1, AC004885.2, AC023668.4, AP001619.1, AL513366.11, AP000236.1, AC005939.1, AL137140.12, AL133355.12, AC012000.3, AC011443.6, AC008440.8, AL133387.8, AP001666.1, AF124730.2, AC012502.3, AC002365.1, AL133391.5, AC010543.8, AC006120.1, AL138997.18, AL133215.16, AB023048.1, AC005988.1, AC008507.8, AC022007.3, AL513131.1, AC079954.18, AL360078.16, AC018731.5, AC009044.3, AL138836.15, AL031846.2, Z73417.1, AC020901.8, AC073897.6, AL133551.13, AC010722.2, AC004673.1, AC006288.1, AC004491.1, AL136979.16, AL022334.1, AL031658.11, AL031776.7, AL445189.7, AC006239.5, AC006334.3, AL161421.11, AC002565.1, AC004382.1, AL359744.17, AC009518.7, AC022206.3, AC020906.6, AC018809.4, AC002331.1, AC079310.20, AC006327.3, AF243527.1, AL157818. 12.
HDPCO25	117	460682	1 - 753	15 - 767	AI193249, AI809829.
HDPCY37	118	837699	1 - 1918	15 - 1932	AL520370, AL529690, AL524481, AL520369, BE274454, AU141822, AU132723, BF314732, BE273689, BF026599, BE736766, BE791870, AI191318, BF689450, BE894541, BF690012, BF344946, BE880507, BG118146, BE410790, BE620315, BF969947, BE908116, BF183246, AW239293, BE260297, BF983977, BG121624, BE293262, BE907076, BE620852, BF868566, AI978812, BE049271, AA586860, BE272490, BF034205, AW474556, BE293363, AA805184, AI628509, AI582366, W73797, BG118530, W73745, AW083832, AI620297, BF434062, BE293362, AW967627, BG120472, AW628388, BF690389, AW513995, AI056600, AU154200, AW386876, BG166073, AI056739, BG253585, AI362766, AI494212, AI077551, AV711723, BF689649, AA935678, AI348675, AI358232, AA251769, AA968828, BE788883, BG252031, BF846596, AA659758, AI891139, BE964553, C06060, R67182, AA746268, AA506524, AA251926, AV736190, D81244, AA291462, H58621, AV739502, H58622, BF690549, BF183479, R38144, AI919497, AW193598, AI250032, AV740386, AA604444, BF359113, AI567397, AA905208, BF880393, BF745974, AA836253, R57498, AI525934, BG107079, AW663025, AW754473, BE718998, AA551675, AI364618, AI421662, BE938093, AW166086, R59996, AW151132, AI469754, AI554821, AL042593, AI654286, AL513693, AL513991, AI366900, AL515171, AW858522, AW151974, AW058275, BF970652, AL043152, AL513823, AI815239, AL513569, AV681993, AI538850, AL513713, AI801286, AL514919, BF033177, AL513729, BF304021, AI271716, AI815233, BG167830, AI440260, AI537677, AI494201, BF812963, AI804505, AI500659, AL513901, BE883591, AI866465, AI815232, AI801325, AI866691, AI500523, AI887775, AI582932, AI590043, AI923989, AI284517, AI872423, AI500706, AI491776, AI445237, AI289791, AI926593, AW151138, BF811804, AI889189, AI521560, AI285417, AI500662, AI623302, AI924051, AI539800, AI582912, AI284509, AW172723, AI538885, AI889168, AI440263, AI927233, AI866573, AI633493, AI434256, AI866469, AI434242, AI805769, AI888661, AI889191, AI500714, AI284513, AL514043, AI888118, AI285439, AI859991, AI436429, AI355779, AI623736, AI889147, AI581033, AI371228, AW194509, AI491710, BC001371.1, AK023931.1, AK001645.1, AY007088.1, AL135844.9, AF086313.1, AL356652.19, AL162002.1, AF155656.1, AF326206.1, AF265236.1, AL022315.1, AF084644.1, AF084645.1, AF159615.1, AL133084.1, AL133655.1, AL136805.1, AL133076.1, BC009395.1, AL136763.1, AL133047.1, AL133051.1, AL137561.1, AL133070.1,

					AL049423.1, AL136765.1, AL136781.1, AL122101.1, BC000234.1, AK025113.1, AL133053.1, AL136825.1, AL133049.1, AL133608.1, AL133607.1, AL117590.1, AL389983.1, AL133015.1, BC006091.1, AK000074.1, BC008075.1, AL133062.1, BC002396.1, AC007511.8, AF029750.1, AF002985.1, AK027096.1, BC006832.1, U73682.1, BC004416.1, BC002914.1, AL136849.1, BC001670. 1.
HDPFB02	119	898208	1 - 3422	15 - 3436	AL521596, AL521595, AL537690, AL537691, BG164147, BG260349, AW579704, BE787742, BF339441, BE147943, BG251728, AV704431, AW370664, BE148069, BF570111, BG027543, BG110212, BG030218, BE148079, BE874591, BG104640, BE706255, AW748481, BF984597, BF836429, BE539121, AW936159, BE147942, AW370670, AW937902, AW605173, AW370668, AW373397, AW370689, AW370665, AW937893, AW608803, AW937904, BE147980, AW608712, AW937888, AW937890, BF830716, AW379040, AW972283, AW972281, BE261966, BE048242, AW370674, BE148065, BF830631, AI084729, AW875470, AW370671, AI476782, BE620122, AW608713, BG170475, BG105828, AI675360, AI609081, AW370661, AA447617, AW972288, AI660011, AA448014, AA905682, AA194120, BF839878, BF345038, BF839879, AW580410, AI804395, AW875465, AI806699, BF195101, AI471976, BE148063, N51375, AW608829, BF840328, BE208162, AW390807, N30496, AA130156, AI298278, AI683457, N26284, BE019800, AI419725, AI568909, BF349972, AI683317, AW181901, BE312529, AA742660, AI520668, AW580406, AW083044, AW370662, AA057838, AI084876, N54338, AI806265, AA627446, AI587194, BE147996, AI928281, AA494093, AI928536, BF851601, AW608708, BF525869, AW338382, BE717999, BF105926, AA223133, N39463, AI364557, AI092740, AI675922, AA736412, AA687735, AA862124, AW378681, AW117328, BF998867, BE787979, BE882684, W52184, BE147993, AI094023, T69559, AA130120, T77734, H82591, AA295128, AI005397, AW753575, BE093237, T71295, AA227005, BF734572, AI372948, BF978965, H44297, T71435, AA478215, AI074980, AI088215, R11436, BE147828, W31197, AA934070, AI589134, AI421523, AW390780, T69625, AA903765, BF365447, BE147934, N21264, AW088052, BF741721, AA194011, AI831663, AW769622, BG236830, AW375570, AW665361, AA903763, AW771721, AW088044, AW339928, BF772279, AW663074, BE740207, BF355612, AI273022, AA935625, AA458984, BE763203, AI866457, AW875610, AI814594, AW383043, BF840329, T77735, BE147829, BF356464, AA478053, AA922987, BE906866, AI926333, AW875534, AI569429, AW192687, BF798292, BF859018, AW375699, BF762165, BF821121, AI818581, AW827211, AI475371, AI436456, AL121365, AW071349, AI538716, AV756122, AI687728, AL513907, BE047863, AV757455, BF883916, AL514627, AI433157, BF793644, BF970162, AI702406, AW268253, AI349772, AV732936, AI818683, BG257535, AI064830, AL047763, BG109270, BG031815, AI499393, AV711509, AL036146, BG179993, BE785905, AL047042, AL121270, BE881061, AL045500, BF812933, AV727776, BG151247, BE048071, AL513553, AI580190, BF054789, AL515041, AW827203, AI934036, AL513597, AI758437, AL360136.1, AF302102.1, AL360144.1, BC008417.1, BC008365.1, AL442082.1, AL512733.1, BC008488.1, AF090903.1, AL050393.1, AL133640.1, AF090900.1, AB055303.1, AL117457.1,

					AL136586.1, AB048953.1, AB056420.1, AL117460.1, AF090934.1, BC008387.1, AL110221.1, BC007021.1, AL049452.1, AF090943.1, S78214.1, AF104032.1, AF078844.1, AF090901.1, AJ242859.1, AL359601.1, AL133606.1, AL136787.1, AL133016.1, AL050146.1, AL442072.1, AL080060.1, AL157431.1, AF125949.1, AL389978.1, AL110196.1, AF218014.1, BC003687.1, AL359596.1, AL137527.1, AL049938.1, AK026608.1, AL390167.1, AK000212.1, AB060916.1, AB049758.1, AL136892.1, BC003683.1, AL049314.1, AK025339.1, AF111847.1, AB056809.1, AL122050.1, AB060887.1, AB063046.1, AL050149.1, BC001967.1, AL136749.1, AB063070.1, AL136789.1, AL162006.1, AK026741.1, AK026865.1, AF090896.1, AB048964.1, AL133075.1, U42766.1, AF106862.1, AL050116.1, AB050510.1, AB047615.1, AK025084.1, AB047801.1, AK027868.1, AL162083.1, AL050108.1, AB055361.1, AB056768.1, AK025958.1, AL080137.1, AB060908.1, AB019565.1, AL049466.1, AK026045.1, BC006807.1, AB063008.1, AL096744.1, AL122093.1, AL137283.1, AL050277.1, AK026744.1, AL133557.1, AL136799.1, Y16645.1, AF219137.1, AL389982.1, AL117394.1, AL080124.1, AK026855.1, AK000614.1, AL133080.1, AL136768.1, BC002733.1, AL137557.1, AL137459.1, AL133093.1, AL136844.1, AL133565.1, AF097996.1, AB060912.1, AK000618.1, AL512746.1, AK027096.1, AL049430.1, AB060863.1, AK025092.1, AL122123.1, AL122121.1, AK026927.1, X82434.1, BC004556.1, AB062938.1, AK027113.1, BC006195.1, U91329.1, AL359941.1, AL353940.1, AF146568.1, AK026647.1, AL512718.1, AK026542.1, AF091084.1, AL137550.1, AK026533.1, AK026784.1, AK025772.1, AL512719.1, AL359618.1, AL512754.1, AK000137.1, AK026452.1, AF125948.1, AK000083.1, AF207829.1, AK026534.1, AB048974.1, AF271350.1, AK026583.1, AB055368.1, AL050138.1, AK026592.1, AB048954.1, BC001045.1, AL110225.1, AB060826.1, AB060852.1, AB060825.1, AL049382.1, BC004951.1, AK026532.1, AK026959.1, AK000445.1, AB055315.1, AL117435.1, AL133560.1, AF225424.1, AK000652.1, AB052191.1, AL117583.1, S61953.1, AL049464.1, AB051158.1, AB055366.1, AK025491.1, AK026504.1, AL050024.1, AK025414.1, AL117585.1, AL137271.1, BC008070.1, AK026086.1, AK024538.1, BC008899.1, AF177336.1, AP001873.3, AL049300.1, AK026480.1, AK000323.1, AL512689.1, AL136845.1, AB047904.1, AF183393.1, AK027164.1, AL359615.1, AK026528.1, AL136786.1, AL122098.1, Z82022.1, AK025391.1, AL359583.1, AK026353.1, AL136928.1, AK000432.1, AB056421.1, AB063093.1, AK000647.1, AK025967.1, AB052200.1, AL133258.16, AL359622.1, BC007199.1, AB049892.1, AK026642.1, AL122110.1, AK024524.1, AK000718.1, AC002467.1, BC002839.1, AK027204.1, AF260566.1, AF348209.1, BC008382.1, BC008485.1, AL353802.14, U80742.1, AL513015.6, X72889.1, AL049283.1, AL133113.1, AK025209.1, BC006525.1, AK025484.1, AK027116.1, AC007390.3, AL157482.1, AF061943.1, AL137538.1, AL133072.1, AK025524.1, BC008280.1, AL137463.1, AK026947.1, AL512684.1, AB055374.1, AC026464.6, AC022215. 4.
HDPFF39	120	588697	1 - 1242	15 - 1256	AL526869, AL523945, BE794829, AL532486, AL533032, BF969304, BG115956, AL514521, AI871493, BG028151, BF689553, AL531509, BF689896, AA005246, AW392303, AI921136, BE620088, AI921426, AL514522, AI800003, AI571833, AI097128, W68743, AA587786, AI928547,

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HDPFP29	121	628254	1 - 1043	15 - 1057	AW575379, AA769318, AI796662, BG029535, AW269780, AA809133, AA427866, AW953923, AI419264, AW088714, AI400326, BF945261, AI924874, AI150755, AI623762, AI239506, AI619494, AW148696, AI797909, BE327745, AI634907, AW070513, AI186243, AA768972, AA804195, AW674541, BE221186, AW204520, AA292638, AA235326, AW341643, AI005076, AW004816, AW603880, AW007235, AI871816, BE826643, BF222941, BE826639, BE826631, BE826634, AA292639, BE826687, AW514133, AA627727, AI690331, T05561, AW405407, AI673409, BF814220, AW075831, AI923685, AA931499, H56443, AW083896, BG165971, H56444, H16157, T82850, AW131313, AI249783, AA714383, AA548622, AI810663, BF091047, AA810885, R51826, F21597, AA702095, AI832872, AA832395, BF974513, T34785, AA524210, T16401, T90272, R28256, BE826642, AA262993, BF903485, AA568882, AW075840, AA535317, AI909659, R28033, BF814542, AW970732, AI810273, AI262373, BF000060, AI927452, AI679783, AI272283, BF901241, BE559850, AA742649, BF900830, AA922242, AI439758, AI445719, AI738794, AI625812, AI215105, AA749066, AI275641, BG054585, AA527826, BE143233, AA525108, AI950316, AL522808, BG111850, AA643261, AI432644, AI927233, BF771135, AA033725, AI699011, BE883591, AI431307, BG110517, BG113493, BG029667, AI433157, AI648567, AI690946, AI554821, BG252929, AW151136, AI539771, BE897632, AI537677, AI494201, BF812963, AI500659, AI866465, AI815232, AI801325, AI500523,

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HDPGI49	122	785887	1 - 2669	15 - 2683	BG028956, BF434796, W05746, AW965426, BF509507, BF680194, BF589350, AA287841, BE697901, BE697902, AI032342, BE856794, BE251850, AI342589, AA218952, AW771921, AW118336, N24868, AI301200, AA761846, BF247512, AA911724, AV712358, AA831097, AA040238, AA809475, AA287842, AA252943, AI610808, AA040239, AA422118, AA235003, BF477762, D80028, AA985566, AI051755, AA450350, AI267777, AA768011, AA463666, H96432, AA411233, BE218411, AA332252, AA995400, D81515, AA974489, AA507522, AA653950, BF087088, BE242538, BG005055, AA249308, BF971120, AA487000.
HDPGP94	123	823355	1 - 3867	15 - 3881	AI382347, BE672925, AA328438, AI933550, AV658526, AV659132, F17041, AI378966, AW881484, AU159276, AI457143, BF435633, AL118834, AA299156, AW468555, AI926394, BF727445, BF689260, AI610326, F18611, BF878671, N26697, BF438919, R92170, AA069204, T78609, T62932, AV685376, AI928570, BF850110, T78394, AV718691, AV719171, AI220812, AI193408, AV720907, R84298, AV718419, AI309322, AA826143, F17026, AA724610, AI862212, AI439415, AI890953, H01156, AA347740, AA565837, H49709, AA811111, AL043725, AI147839, F16584, AA904946, AI054162, AA771958, AI570164, BF112065, AA132716, AW604787, BF679645, T06365, AI591332, AL137072.8, AC025097.41, AC016689.3, AC026951.5, AP003117.2, AF274857.1, AL096705.12, AL137881.12, AP001960.2, AP003534.1, AL049564.10, AC023134.5, AL109659.20, AC012450.9, AL133247.1, AL139093.11, AC079906.15, AL513163.8, AC015729.9, AC083865.2, AP001880.4, AC009501.3, AL390027.11, AL359545.12, AC016568.4, AC006313.1, AF250841.1, AP000810.5, AL160052.21, AC010980.8, AP001858.4, AC020717.3, AL139395.6, AP001831.4, AL109759.4, AL158069.16, AC004010.1, AL050309.4, AC002381.1, AC090497.2, Z84720.1, AC017089.3, AL136136.7, AC003051.1, AL049835.3, AC007436.1, AC004384.1, AL158150.14, AC006362.2, AC008817.7, AC008582.6, AL356317.8, AE000661.1, AC007486.1, AL160236.4, AL132800.4, AL358274.3, AL590043.7, Z68871.1, AC025254.14, AP001712.1, Z93019.1, AC004855.1, AP002532.1, AL360157.12, AC008664.5, AC007253.2, AF003529.1, AC018927.6, AL445523.11, AC022443.4, AC004385.1, AC009483.3, AL359400.4, AC009779.18, AC016579.5, AL390039.10, AF280107.1, AC008550.4, AC023426.29, Z84474.1, AL080312.14, AL121788.17, AC021998.4, AC073574.11, AC012669.7, AC005342.1, AL356016.2, AL356265.10, Z84470.1, AC006395.1, AC005018.2, AL445528.16, Z78022.1, AL158819.14, AC026337.29, AL359636.17, AL353897.7, AL365475.1, AL360297.12, AP002026.1, AC090710.16, AL139277.7, AC002429.1, AL355530.6, AC010223.5, AL450338.5, AF128525.2, AL590306.7, AL359925.9, AC026201.3, AL049646.19,

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HDPHI51	124	460679	1 - 714	15 - 728	AC005946.1, AC018755. 3.
HDPJF37	125	704487	1 - 972	15 - 986	BE262780, BF317450, BF313101, BF207173, AW195799, BE857989, AA311391, AW205695, AI160666, AW262228, AW052051, AA367991, R74203, BF901238, AW026920, R74295, BF880147, AA644389, BE795190, AI934065, BF530635, BF896366, D20643, BC004895. 1.
HDPMM88	126	972734	1 - 4879	15 - 4893	AV715713, BF446914, BG057685, BF898163, AI083524, AI290271, AA318526, BF932901, R78174, C17785, R77809, BF898707, AW795715, AI638633, BF921994, BF904690, AW016805, AC025040.7, AK025125.1, AC016045. 8.
HDPNC61	127	637585	1 - 1396	15 - 1410	AA847865, AA483400, AI016714, AI051725, N62194, BE047259, BE327006, AA483411, AI554330, AW874660, AA933624, N66755, AI825794, AW327616, AA902896, AA725234, AI769182, BF448730, AA054669, R60056, AA594900, H05474, T16298, AA977118, AI671131, AA054722, AA650410, BE719696, BE719698, R43427, AA716570, T82929, AW327262, BE044255, AA761969, AW974625, AA916000, T34734, BF817206, AA805766, T90105, AI249880, AA342241, AA811545, AW956711, AA484223, AL354808.24, AC003098.1, AC079602.15, AL049569.13, AC004166.12, AL450325.5, AC005288.1, AC005736.1, AL157838.24, AC027644.9, AP000350.1, AC011475.6, AL022238.1, AC005098.2, AL096791.12, AC006261.1, AL022476.2, AC090944.1, AC008569.6, AC007899.3, AL590763.1, AC020917.4, AC087071.2, AL359397.3, AL135752.6, AC013726.7, Z85986.1, AL354815.10, Z93015.9, AF053356.1, AC002302.1, AC005488.2, AF064861.1, Z83826.12, AL357515.26, AC016637.6, AP001748.1, AL445645.10, AL499628.1, AC020931.5, AC004826.3, AL359091.10, AC004965.2, AL353653.19, AP002852.3, AC020750.3, AC004867.5, AC006001.2,

					AP001705.1, AC005995.3, AC010150.3, AL139289.6, AL031005.1, AL355392.7, AC005077.5, AC006966.3, AC005056.2, AL135901.23, AC009144.5, AP001727.1, AL163279.2, AC009753.5, AC004699.1, Z84466.1, AL157938.22, AC083884.6, AL050341.18, AL355543.13, AC004820.2, U95090.1, AC005844.7, AL353804.22, AL163032.3, AP002812.3, AC005052.2, AL049776.3, AC006117.1, AC007220.4, U95740. 1.
HDPND46	128	637586	1 - 1713	15 - 1727	BG058578, D20888, AL034424. 9.
HDPOE32	129	897276	1 - 1339	15 - 1353	N43024, AA284735, N30921, N33362, AA736727, AA477254, W31624, AL533888, AI350205, AA306490, AL520318, W32089, BE395042, W42796, BE251326, AI951749, AA464683, AI694661, AA298928, AI571803, BE257270, AI021931, AI871631, AL530622, AA071502, C14760, AA622514, AI143235, BE005514, BF216867, AA297690, BE005513, AI023746, AI498301, AW028350, AA477253, BE045131, BF927531, AW024940, AI240266, AI493740, AW295451, AI418206, AI418223, AW779350, BG055383, AI245358, AI911036, AA759227, AA602479, BF215223, AW294426, W89051, AI343854, T62095, AV736738, AI767945, AA977564, AB026899.1, AP000500.1, AC011811.42, AC012507.9, AC006365.3, AC004847.3, AL034376.10, AC005094.1, AL079304.3, AL121857.5, AL355074.5, AC020983.7, AL031407.3, AP002028.1, AL157382.14, AC012512.7, AF063605.1, AL034396.6, BC000642.1, AL163194.5, AC019041.8, AL138720.19, AL356257.14, AC084881.19, AL136374.4, AC008009.4, AL353616.13, AF001548.1, AC078994.3, AL163639.3, AC022002.4, Z84474.1, AP000810.5, AC026421.3, AL162378.16, AL353748.13, AP001694.1, AL136137.15, AC078961.23, AL390316.6, AL024458.1, AC005678.1, AC003012.1, AL139809.16, AP000080.1, AB053170.1, AL049743.10, AL353752.6, U95740.1, AL590074.3, AC003662.2, AC010146.13, AP000086.1, AC019187.3, AL121694.4, AL139382.12, AC005042.1, AC008795.6, AL390027.11, AL133396.2, AP000564.1, AC005510.3, AC024028.10, AC006441.13, AL132985.4, AL080239.11, AL109935.39, AP000964.2, AC073866.16, AC002086.1, AC083867.4, AP001718.1, Z92844.1, AL158819.14, AC005023.1, AC005050.2, AL391867.5, AC007991.7, AP000344.1, AL357752.19, AC005697.1, AL355481.12, AC006452.4, AP001691.1, AC006974.2, AC020987.8, AC004859.2, AC008109.6, AC019205.4, AC010348.4, AC019072.7, AC012067.2, AC004584.1, AL390840.17, AC008270.3, AL390800.4, AC005225.2, AL356052.14, AC004597.1, AL512666. 6.
HDPOH06	130	683371	1 - 2490	15 - 2504	BE790341, BG105222, AV707856, AW955948, AI378660, AA669141, BF725031, AU154522, AI985796, AA688220, AI042515, AI372881, AI014423, AW025175, AI335099, AW263024, AI491990, AW128917, AI570270, AI128127, R91019, W85883, AW474941, N59550, AW305279, BF931700, AA679558, AV653236, AI635705, AI559984, F00878, AW340645, R08677, W85967, AI262108, T98198, AA670170, T53837, BF926938, BE937947, AA337112, AA583164, AW888374, R88760, BF091472, AA902605, BF935752, N78291, BE766705, T98199, AI540509, AK001709.1, AC018648.5, AC003108.1, AC003684.1, Z95152.1, AC010530.7, AC008760.6, AC073101.7, AF334404.1, AC004694.1, AC074121.16, AL391122.9, AC011445.6, AL354815.10, AC010618.7, AC002365.1, AF243527.1, R08585.

HDPOZ56	131	1352319	1 - 1891	15 - 1905	AI859620, AI830021, AI949469, AI887204, AI218392, AW194364, AW511272, AI307671, AA970014, AW582666, AW609988, AI873619, AC011452. 6.
HDPSP54	132	744440	1 - 3077	15 - 3091	BG256849, BG261011, BG178729, BG110345, AI923220, BE466885, BF667257, AW271504, AW243442, BE466659, BG171469, AV661528, AW271637, AW516811, N36059, AI804888, BE882420, AI650826, BF815232, AW964507, AI921747, BE936373, BF984751, BG259707, AI392784, AW076096, AI807747, AW103424, AA604757, AA633209, AW778887, AW418987, AW242326, BE622192, BF666519, BF978796, AW014203, AI925261, BF853590, AW131363, AW514756, N33223, AI819108, AI126250, AV649748, AI953896, AV714556, AI524472, BF697124, BE218100, AW629098, N21567, AI694687, AI700209, AA731730, AA577191, BE219931, N33824, BE567212, AW778908, AW087660, AI990562, BF792681, R52426, AI559108, AA743389, N35579, N25189, N30972, BF667662, AI339587, N24947, AI376459, AA742979, N27426, R23308, AI125720, AA954281, AI801129, AW087669, AI701246, AI245517, T26975, BF572334, BE177998, BE564497, AI636147, AI640713, N41938, H97662, AI243263, BE967025, AI572028, BE543895, H29641, BE762905, BF246305, Z46022, H29640, BG223352, AI270534, AI983198, H99399, BF965116, BF692452, Z42169, AI521060, BF102948, R82562, AV646807, N34709, AV646406, R23233, AA373475, BE005657, AA319637, T34245, BG104469, W20047, AW962829, BF572695, AI369988, AI741908, BE830524, H29549, D78710, Z41637, H29548, AA833897, AI367191, AA659275, AW899997, F01708, BF697465, AI246035, AI219239, BF154447, AI221561, AI273738, AI281168, BE005723, BE170424, AI685342, BE882847, AB007962. 1.
HDPTD15	133	692917	1 - 1382	15 - 1396	AA428414, AL042853, AA363501, AA723017, AA513999, AI547286, BE072237, BE044986, BG008598, BE153851, AA642060, AA363207, AA828704, C15073, AU147529, AA369477, AW974890, AA483034, AA593060, AI285521, AA502103, AA558697, AA310158, AW851028, F26152, AA515435, AA828680, F36373, T66105, AA658235, AA551509, AA634227, AW844234, C18357, BF805334, BE958096, BG056233, BG059938, C18360, AA084863, AI133164, BG056088, N43757, BF769505, AA715609, AA419263, AA503947, BF869171, AA653964, AA301813, AW673241, AA450199, AW580735, AA557686, BE153330, AW589633, AI921649, AV709707, AA318652, AI376100, AW955577, AW276435, BF438574, AA021552, BE072020, AW664161, AA715362, BE221335, BF827669, AI453383, AW074059, AI356904, AI564284, BF743037, AW994731, AV759464, N66067, F25593, AI355206, BF769371, AI922654, AA747480, AW575719, AA829106, AA364701, AL041706, BE206021, AW274349, AW953770, AW089789, F36273, H58672, BF940837, AW169136, AI446464, AI372413, AV700545, AV699709, AV700498, AW303196, AW301350, T08638, AU158130, R13151, T96279, AI284640, AA654998, AV700988, AA364193, BE153327, AW249835, AA136829, AA309874, AC020728.4, AL137787.11, AC068533.7, AP001752.1, AP001053.1, AC004941.2, AC005166.1, AL021579.1, AC008013.8, AL133479.11, AL139022.4, AB016897.1, AL138718.17, AL096712.20, AC037423.16, AC004884.1, AC008733.7, AC007163.3, AL137794.5, AC007312.1, AC078929.27, AC007285.3, AC011533.6, AC009194.8, U95740.1, AL121934.17, AP000144.1, AC006449.19, AC007628.3, AL031591.19, AC027126.4,

					AC011475.6, AC004672.1, AL137068.10, AC007318.4, AL390798.3, AC012076.4, AC008651.7, AL121893.21, AJ295844.1, AL118520.26, AC090937.1, AC004593.1, AJ277546.2, AL139331.19, AP001132.4, AL035681.13, AP001331.1, AC016721.11, AL035413.19, AC009950.6, AL021786.1, AC002429.1, AC007536.9, Z69918.1, AC005625.1, AL161665.5, AL138703.10, AC016831.1, AL031275.1, AP001627.1, AC009516.19, AC006028.3, Z98200.8, AL359400.4, AF029308.1, AP001747.1, AC090514.1, Z86062.1, AC005837.1, AC018797.4, AL109802.6, AB017602.1, AC034305.6, AC005888.1, AC078841.4, AL353597.20, AL031736.16, AC010170.3, AC024571.4, AC005799.1, Z23567.1, AC005225.2, AL109799.6, AL109965.34, AL121928.13, AC024341.9, AC015550.18, AL590106.7, AC010269.5, AC018751.30, AL121890.34, AC068193.7, AL137077.31, AC015651.18, AC004933.1, AC021092.1, AL138706.9, AL137244.28, AC006976.2, AC020663.1, AC008546.6, AL022323.7, AC010235.6, AC006536.2, AC004010.1, AC010489.4, AF064857.1, AC007011.1, AL159977.10, AL160032.14, AC010651.7, AL109804.41, AL031683.2, AC008569.6, AL451049.11, AL391478.14, AC005696.1, AC004453.1, AC024561.4, AC005703.2, AC004905.1, U22376.1, AC004158.1, AC012380.1, AC002400.1, AP001628.1, AL136308.4, AC066612.7, AL139095.15, AL356601.14, AC005215.1, AL356776.21, AC006435.7, AF312032.1, D83737.1, AC009068.10, AC009319.19, AC010134.4, AC005792.1, AC022007.3, AP000252.1, AP001717.1, AP000553.1, M87918.1, AC090042.1, AC005052.2, AL512363.11, AF224669.1, AC002395.1, AC011739.7, AL162503.12, AC073138.3, AF137396.2, AL139328.8, AL356858.19, X77531.1, S78429.1, AP000336.1, AF111168.2, AC004894.1, AC004134.1, AL022476.2, AP000031.1, AC005680.1, AL133548.6, AL049859.7, AL358174.12, AL035608.11, AL161727.15, AC008670.4, AC005736.1, AL121834.20, AC004478.1, AP000215.1, AL513550.9, AC024067.4, AL449363.12, AC026120.33, BC002464.1, AL590420.5, AC011746.6, AL109984.14, AL591004.3, AC020550.4, AL590762.1, AC073325.8, AL390295.10, AC005887.3, AC021016.4, AP000313.1, AC007102.4, AL023693.25, AF108083.1, AL049613.2, AL445201.14, AK022268.1, AL162426.20, AL008629.9, AC090043.1, AL133411.8, AC016617.5, AL391114.12, AL050312.8, AC008277.4, AP000776. 4.
HDPTK41	134	744824	1 - 1550	15 - 1564	BF982785, AI815076, AW166997, AL079767, AW151042, BF823103, W63598, BF878473, AA449913, AA976313, AW798524, AA479330, AA846290, BF898435, AA836589, AA630200, AI341675, AI434208, AA157695, AI184716, AI361509, AI216438, AI924429, AI244502, T87329, N26990, BF883126, AI694074, AA157771, AI682580, AA304298, BF883106, AW848681, T87430, AW376555, AW376601, AW376609, AW848666, T64266, AA127194, AA308797, AA854135, T70082, AA974005, T98394, T70152, AI219259, AA304365, AW291861, BF883705, R82980, AA400789, AA449914, AI424501, T98393, AW376580, N40111, BF900907, AI301920, AA442329, AW300876, BE512905, BE902037, BE273884, BE901865, BE166105, R82979, BE311462, BE903644, BE901108, AI284060, BG171620, AL515147, BF811804, AI889208, BE875380, AI628325, BF792951, AI682915, BE906273, AI434233, AI436446, AI362391, BF815930, AI561147, Y18474.2, AJ130718.1, AB011263.1, AK025377.1, AF092032.1, BC003062.1, AB020532.1, AL365451.1, AL365452.1, AL365450.1, AL133448.4, AB031537.1, AB031536.1, AB031535.1, AB031531.1, AB031530.1,

					AB031532.1, AB031533.1, AB031534.1, BC008649.1, AF033827.1, AL133020.1, BC007571.1, AL133074.1, AL136850.1, AL050366. 1.
HDPUG50	135	684120	1 - 1720	15 - 1734	AL515943, AL520278, AL531137, AL515942, AL520279, AI217895, AW960744, BF970078, BF001249, BF036496, BE395420, AI983150, BE277851, AW385698, BF979048, BF688139, BE395502, AW374106, AI660124, BF541042, BF210794, BF036241, BE567389, BE778929, BF209890, BF103631, AI339010, AW374124, AA166971, BE564629, BE971080, BE276625, BF509403, AA542906, AA689356, BF695952, AI285269, AI346870, BF541205, BF030313, N27706, BF243030, AW236815, BE567683, AI821227, AI821074, BE566782, AL134542, AA166818, BF570861, BF059406, AA836112, BF695731, D20721, BF130491, BF677074, BG118818, AI221030, AA627350, AW027663, BF106059, N35710, BF674060, BF029128, BE933681, BE933586, AI221246, AW372396, AI285231, T95430, AW372395, AI699709, AL134543, AA055338, AA449417, AW197834, BF030982, R83129, AI418208, AA375954, AA450383, AW958166, AA961046, N20259, AA336834, AA226636, AI911109, AA225691, N20865, AA825421, AI932769, AA938413, AW197872, AA370379, N29162, C03633, AI620095, AA055337, BE694074, AI932771, BF697063, AA976076, BE468082, AI821821, AA173926, AA173884, BE857593, AA569611, AI821883, AA772955, AW383971, AI432644, AI431307, AI431316, AI432666, BE898721, AI431238, AI623302, AI432653, AI431323, AI921241, AI431347, AW968355, AW971740, AI431350, AI432655, AW081103, AI431321, AW968356, AL042853, AL042729, AI431243, AI431230, AI431328, AI432654, AI431310, AI431312, BE672745, AI432650, AI432677, AI431247, BE672644, AI432657, AW972093, AW968729, AI492519, AI431231, AI791349, AI431257, AI431235, AI431315, AI431354, BE672759, AI431318, AI431353, AI432661, AI431246, AI432649, AI432643, AI432675, BE672719, BE672732, AI431337, AI432651, AI432647, BE672640, AI432674, AI431330, AW972092, BE672622, BE672627, BE672767, BF448552, AW129223, AL045327, BE672748, AW972090, AI431248, BE672742, AL042931, AI432665, BE672626, AW972091, AL042519, BC001133.1, AJ224875.1, AL133082.1, AF064854. 1.
HDPUH26	136	866433	1 - 2902	15 - 2916	AL525441, AL525265, AL528202, AW964372, BE747248, BE743063, BF793839, BE005995, BE870109, AV706482, BE645327, AV698161, BE272135, BE254341, AV704424, AV706294, AA772122, BG153419, AA777796, BE645332, AI743322, AV707082, AV706285, BF382272, BF514943, BE018051, BE673957, BE301907, BF114727, AW964371, BF530465, AA897780, AI890748, AI559637, AI688995, AW780354, BE206397, AW137052, N51699, AW103016, BF794314, AA528004, AW662431, AW085759, BF313538, AI765664, AI954974, AI570150, N20494, R87549, F31312, AI245467, AI991886, AA112198, BG170315, BG178458, AW273510, AI435207, AA004881, AW964399, AA005087, N25526, AW608346, F36783, AA587960, AI815015, AA454482, AW662721, AA318288, AW993077, N29111, AI247285, AA911896, AI766414, R91507, AI279757, BF313030, AW242248, AA707000, AI367676, AW139115, T16478, AW504841, W90115, R12114, T32805, AI675726, AA346284, BF765331, AW993187, AA317950, BE169534, BF692514, AW086086, AA186891, BF749263, BG013421, BF765334, R36868, AW769864, AW884956, AI972497, BE170268,

					C01229, AA348258, AI953592, F27014, AA599852, AI914300, N51791, BF676529, AI868860, T48372, AI824747, F30177, AI810802, AI263284, AW611772, AA188514, AA603987, T32655, AL528203, AI625886, BF874301, AI346660, AA903746, F35605, AW820935, AW577918, AK000303. 1.
HDPUW68	137	812737	1 - 1734	15 - 1748	AW295848, AI132995, T48851, AI247571, AW469884, AV734061, T48852, BE378325, AW571432, AA344713, AW131386, AU138048, AW190967, BF896891, AA400508, AA400618, AA835515, AF170485.1, AJ007395.1, AJ130710.1, AF193441.1, AJ130711.1, AF227924.1, AB026265.1, AF247180.1, AF178981.1, AF223403.1, AF195092.1, AC020914.7, AF277806.1, AC011473.4, AF135027.1, AF310234.1, AF287892.1, AC008750.7, AJ130712.1, AJ130713.1, D86359.1, D86358.1, U71382. 1.
HDPVH60	138	796865	1 - 3102	15 - 3116	AA503239, AA005023, BG058640, BF439950, AA494553, AI688402, AI797733, AI436404, AA292931, AW273747, BE675352, AI475570, AA227825, AW062928, AI940630, AI940605, BF356100, AI244665, AI940646, AW374287, AI940639, AI016022, AI348158, AW374286, AI475793, AI222804, AA740395, AI289241, AA731769, AW374280, AA293061, AW176407, AI940666, AI952797, AI863905, AW751215, BE074921, AA347230, AW751228, AI253625, AA722775, BE074922, BE074923, BF091018, AI940657, AA830985, BE246530, AA005022, BE245464, AW194142, BE245946, AW845618, AA679298, AA553743, AW845617, AI986465, AI656229, AI587517, AW845579, AI439199, AI439202, AA905818, AA227999, BF365504, AA347231, AA300784, BF365509, AW062885, AL048537, T61473, AW885247, BG057915, BE247510, AW516362, BF756544, AI762964, AA563914, AI469789, AA903221, BG112718, BG112102, AW411397, AK027414.1, AK027416.1, AK025212.1, AK025362. 1.
HDPVW11	139	1036997	1 - 2325	15 - 2339	AV762219, AL529216, AL529217, AL521330, AL521329, BE277176, BE798017, BE274847, BE868280, BE311800, BE543175, BE410652, AW967107, BE304534, BE900339, BE893443, BE276851, AI679161, AA193416, BE302421, AW474478, BE409098, AW474521, BE349259, AI146528, AI041230, AA614445, BE743095, AI343535, AI400378, BE890338, AA127444, AA458592, AW245738, BE265039, BE281384, AA807821, AI669961, AA317883, BF514665, W48808, AI292224, AI292150, AA902490, AI302370, AI810191, AW245381, AA713501, AI708068, AW975539, AI469722, AA418282, AI192592, AW975538, BE041714, W49817, AA764785, BE742888, N50655, BE389280, N47165, BE241970, AA884873, BE389259, AI826827, AW673387, BF055737, AV746964, BF341801, AW675735, BE886291, BF924882, AL039086, AW403717, AV682124, AL515375, AW806761, AL135025, BE621256, BE047737, AL514929, BG030364, BG027280, BE909009, AA291456, AI364788, N50750, BG249582, AI648663, BE620444, AL036736, AI590120, C16221, AA508692, BF854113, AW827289, AI922901, AW302988, BF909758, AV729336, BG035511, BG118829, BF343172, BG168696, AI498579, BE538485, BG112879, AL045266, BF970449, AA640779, BE048071, AI829327, AI689420, AI888944, BE965192, BE880190, BG165051, BE905856, BG113299, BF339322, BE874133, BE875407, N80094, AI921248, AV756074, BF828567, BG122481, AL041772, BF968205, AW006046, BE964812, AW071417, AI308032, AI344785, BF696282,

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HDPWN93	140	992925	1 - 2665	15 - 2679	AL518824, AL518825, AL528951, AL528952, BF339524, BE546359, BF966792, BE736522, BE737435, BE883235, BG109398, BE314676, BE787143, AL534022, BF446115, BE894833, BE870112, BE881800, BE258349, BG250236, BF196311, BE894832, AW769380, BE262368, BE882948, BE259378, BG251409, AA432202, AI890824, AI753494, AI651671, AA993211, BE246045, AW001898, AL039524, AI800905, AI246773, AI682295, AI658613, BE273831, AI631136, AW189302, AI372827, AI050708, AA531521, AI346388, AI683842, AW296359, AW372955, AI685246, AI589722, AW271749, AW804759, BE548044, AA622365, AI352313, BF906035, BE163138, AI088281, AI372826, BF109450, AI015389, AI539826, AA349564, AA448189, AI760986, BE882927, BE247210, H15544, H15545, AA349563, BF924519, BE245469, AW804423, H09846, AI991731, AA320029, AA383782, BF804839, H15604, W67789, H15603, AI015277, R33930, BF869179, AA543091, AI469944, R48594, BE301391, H09761, AA830547, AA505499, BF809086, AA320560, BE273649, AA326027, R79459, AA322654, L32015, C20992, AI828309, AW117647, BF000032, AW190887, BF736822, AW262975, AA317254, AA143736, BF381075, AW103622, AW050451, AI609346, BE720302, N21451, AI905534, AA282625, AW007401, AA284991, AA621245, BF841809, BE146295, AA143707, AI811818, BF326108, AA393671, BE242665, BF746024, AI678229, BF799280, AA429592, AW407359, BE075823, AK025000.1, AK025622.1, AC004590.1, AF086245.1, AP001434.1, AP000161.1, AP000020.2, AP001731.1, AL137367. 1.
HDPWU34	141	630354	1 - 1263	15 - 1277	BG054851, BF439942, AI141684, BG008949, BE677186, AA242853, AI281834, BF433831, N50984, AA826047, AW014432, AA977801, AW770255, AA984041, T64272, AA994205, AA252172, T64144, AI361098, BE146421, AW084330, AI280735, AA931748, AW071613, R09320, AA448980, AI990634, R09211, AW388104, AI147841, AI198101, AW517751, AW238793, BF969846, AI627898, AU156992, AW074546, AW072130, AI276023, AI457707, AI394689, AI953242, AI539262, BE907440, BF984530, AI886594, AA761557, AW082532, AI613471, AA947158, AI380329, AW079334, AI636788, D44958, AI568132, AI274769, AA150147, AI624304, BF828567, AI933785, AW248417, AL036548, AI934147, AI343038, AW302662, AI336506, AI254251, AW303238, BF054886, AW268290, AI318301,

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HDQHD03	142	1309175	1 - 1252	15 - 1266	AA769067, AA907349, BE676751, AA804234, AA906120, AA830952, AA743729, AA835876, BF434668, BF838119, BE837591, BE837571, BE827732, AA318133, BF807079.
HDTBD53	143	972757	1 - 2789	15 - 2803	AL521719, AL039239, AL522288, AL521718, AW850549, BE745185, BG036401, BF971064, BF982318, AV752274, BE410288, BF970662, BE179100, AA115485, BF037889, AI903708, W74580, AV752030, BF207332, AW069193, AW850706, BE260313, AA114996, AI147007, AA287865, BE294206, AA779902, AW953654, BF203424, AA287665, BF102950, AW089856, BE081349, AI424273, AI337872, W75992, AA039973, AW615357, AA287868, AA040007, AW207183, AW630077, AA844006, AI092051, AA035003, AW374784, W79563, AI095505, AI370765, C05140, AI961895, W92237, BF056098, AI431633, AA011411, AI381447, AA922567, AA688312, AI860011, AI200662, AA676566, H08173, AW590492, BG222429, AI741707, C02948, AA609401, AA427979, AV739012, H29396, AA453991, BE894938, H01836, BG165095, BF333733, W70295, BE242586, N41910, AA054984, R24822, AA156412, BG055899, H48740, H08272, AI241860, BE763810, T63735, R34728, Z42796, BE936536, W88710, AA367891, R36564, Z45070, AA412324, R78131, R56319, AA709055, AA429366, AI915050, AW673132, AL522287, R14984, AA347579, AW023366, AA853400, AA853401, W52589, AA476640, T39346, W88711, AI282590, T29951, AA411419, AA360166, T80320, AA331893, AI754899, AA602993, AA506382, R01609, AA328290, BF808365, N56432, AI832140, AW890834, T31756, R45735, BE929124, AA887981, W31306, BE710919, BE169167, AA039914, BF748450, AW381600, BF352203, AA648132, AI564214, R36407, AW374826, AA383447, T53688, AW198043, AA368172, T53689, N92423, BF237454, AA304402, D79323,

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HDTBP04	144	1307742	1 - 947	15 - 961	
HDTDQ23	145	1306984	1 - 2193	15 - 2207	AI872206, BF966561, AW513884, AI912340, BE856991, AI758821, AW337178, BE327923, AW004890, AI572080, BG109128, AW058001, BF342854, AW886887, BF967940, AW474823, BF337371, BF591084, AA775261, BG164538, AA831357, BE087219, AW074361, AI361820, BF696525, AI982775, BF793075, AI690445, AA581345, AU156793, AI917776, D20022, AA825538, BF382552, AI360561, AW439592, AI798286, AI140796, AI277190, AA100279, AA485257, AA835492, AI522238, AW517943, BG035022, AI015234, AA706811, AI469550, BF197859, AI689240, AW265061, AI744762, AW450726, AI884872, BE714642, BE138867, T34498, BF213985, AW769512, BE073192, AA122332, BE138831, BF090537, AI811224, BG167993, BE932894, BF980823, AI355770, AA092467, AI471817, BE904497, BE719958, AI702026, BE171537, BG166879, AI597962, BG180321, BE171499, BF914841, BF967213, BE932875, AI681670, AA089786, BE327680, BE219939, BF032916, AU136610, AI624976, AK001917.1, AF035606.1, U58773. 1.
HDTEK44	146	1025421	1 - 2056	15 - 2070	AW263031, BF939317, AU158582, BE326883, AI825947, AI674408, AI949058, AI686114, AW236450, AI131456, AI921750, BE646223, AI499386, BF241709, AI744116, H17702, AA968971, BF197318, AI202380, AI612728, AW151821, AA612626, BG010826, AI568798, AI678940, AI868979, BF748934, AW084407, BE075305, AK023814. 1.
HDTEN81	147	571078	1 - 552	15 - 566	AI718421, AI431290, AI332560, AI391465, AI638172, AA507382, AI734920, AA719940, N70479, AI253742, BG059093, AI708198, AI510752, AI637680, AA505271, AI719838, AI707589, AA614722, AI862746, AI830189, AW269501, BE041192, AI471305, AW512571, AW518210, AI708443, AI749344, BG236645, BG059064, AW268642, AI468901, BG059125, BG231197, BG151405, AW877209, AL119457, Z99396, AL119324, AW973213, AW975037, AW973219, AW975954, AW969816, AW975027, BF868697, AW972845, AW861944, AW975002, AW971975, AW974998, AW804686, AW975154, BE705905, AW973230, AW979127, AL119399, AW969680, BF868687, AW969885, AW975692, AW392670, AW979098, AW972292, AW604723, AW975965, AW974801, AW975876, AW979106, AW976031, AW976024, AW975632, AW975032, AW975971, BG153750, AW975966, AW975019, AW975930, AW979090, AW975105, AW975981, BG151745, AW969673,

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HDTFE17	148	1043391	1 - 1228	15 - 1242	BE273962, AW675159, AA621888, AA621871, AW748710, BE151868, BE151889, BE151869, BE151849, BE151872, BE151870, BE151871, BE151873, BE151864, BE151839, BE151843, BE151866, BE151846, BE151874, BE151850, BE151861, BE151882, BE151862, BE151890, BE151845, BE151844, BE151885, BE151854, BE151841, AW748711, BE151847, BE151865, BE151886, BE151969, BE151887, AW748719, BE151842, BE151883, BE151963, BF350425, BE151880, BE151851, BE151968, AW748716, BE151904, BE151853, BF350436, BE151840, BE151905, BE151907, BE151884, AW748723, BE151901, BE151974, BE151966, BE151964, BE151848, BE151912, BE151897, BE151888, BE151902, BE151896, T56553, BF350423, BF350431, BF378245, BF350424, BE151979, BE151987, BE151913, BE151908, BE151911, BF350422, BF350432, BE151852, BF350429, BE151900, BE151970, AW374334, BF350430, BE151899, BE151881, BF350438, BE151973, BE151914, AW087213, T08905, AI652677, AI673648, AW246689, BE151978, BF335903, AI655004, AW250829, AW672991, BE151962, BE151977, BE151967, AW170222, AI140471, BE151910, R94667, AA149673, AW183216, BF345144, BE151976, AW189831, BE151975, AA612723, BE151903, BF350418, AA149754, BF312447, AL517947, AF276889.1, AF196972.1, AL136967.5, D82352.1, W35383, AA015734, AA015831, AA018179, AA020824, AA020847, AA021564, AA021617, AA088190, AA088363, AA261917, AA262421, AA418866, AA426526, AA430530, AA613360, AA573487, AA577277, AA761384, AA831386,

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HDTGC73	149	635457	1 - 698	15 - 712	AW022607, AW511178, AI140427, AI971228, AI373655, AI580779, AI369886, AI190934, H40803, AI243231, AA453827, AA453746, BF446909, BE326968, AA961079, AA040716, N47998, AI819706, T56239, H39994, BE670797, AI749775, T56381, H43297, BE464767, AA988630, AA974652, AA442300, BE327694, C01257, R49917, F34030, R17933, AA987718, AW440024, AI018768, BF942310, BF446776, AI240357, AI400446, N24874, N78913, AI694117, AI002282, R49918, AI685705, BF942188, BF942316, AI972263, AA437235, AI498099, H39563, BF964549, H43296, T47759, AW900854, AA968952, BE887988, N51205, T47760, AW779345, AA040717, AI873997, R18029, AA933016, BF885380, AI687282, AL096888. 30.
HDTIT10	150	839264	1 - 1186	15 - 1200	AI083677, BE743996, BE743947, AU160678, AW664068, BE349558, AW628596, AI571248, BE855557, AI074410, AI187067, AI570161, AI369658, AI911489, AA847560, AI858954, BF061712, AI633548, AI797227, AW131565, AA740410, AI523334, AI016601, AI381898, AA456612, AA044598, AA059399, AI459164, AI090345, N35134, BG222539, AW167314, AW573046, AW189552, AA909759, AA937341, AA507905, AA029634, AA402030, AA857843, H50249, AI040383, AI457950, AI017968, H49423, AA761742, AI024077, BF056436, AA454713, H41354, R53884, AI808070, AA983678, AA402973, AA757454, R89047, AA814131, H46258, AA503217, AA621290, AA484401, BF447031, R67742, AA805632, AW163079, R50125, R82044, AI948622, AA484466, AI356460, AI095617, AI910985, BF510966, H27862, H43711, AA935660, AA604173, BE139470, AA868478, AI468101, AA317664, AA554872, AI582858, R90731, H51590, AI243984, H43799, AI399885, AV697638, AA662796, AI417135, R53883, AI400568, AI298084, AI216579, AI399848, AA973892, AA455791, AI937339, AI147045, AA132122, AI809110, AA132019, AI824141, W69465, N32856, W73351, AA993580, AW518179, AI026644, AA828309, AI934497, AA622497, AA524758, BG152377, AA029064, AI571725, AV695520, AA029168, H41046, BE844032, AI566678, AA863413, N41809, W73471, AV697639, AI245117, AI524611, BE041443, AA877127, AA876431, R07464, AW303296, AA761499, N58964, Z19469, H41261, AW193802, AI972555, R00241, R66131, R87416, BE798222, BE790927, AV744175, AI168456, AI025988, BE799623, BE790659, AI362716, AA805362, F00403, AI498734, AI088547, BE790553, AA988398, BE792056, BE903078, BE734036, BF003146, BF953534, BE795218, AA401590, AA058850, AA400077, AA454762, AI568737, D45613, BF183343, F22545, BF317353, BE793747, AA620552, R07463, BE902702, BF316315, BG104176, BG104243, AI889953, AI857296, AI468872, AI829327, AW073994, AI955866, AI520809, BG256090, AW190042, AW073697, AI538085, AI500077, AI628217, AI439745, AW198075, AL040243,

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HDTMK50	151	1011485	1 - 1338	15 - 1352	AI862716, AV740009, BF681619, BF814446, AW955693, AI004591, AI754653, BF941382, AI040051, AW438542, BF984807, AW029515, AA582554, BE393367, AA579179, AA720732, AI733856, AU152964, AA584489, AA528390, AA602557, AL038936, BE019467, AW328331, AV721886, AV726332, BG222269, AW500029, BE294700, AW188662, AI037897, AA171941, AA503298, AI753037, AA535216, BF725844, AI366902, BE676915, AW575605, AL040054, AU152561, AA410788, AW976010, AW512196, AA584148, AI921765, AV764259, AI809818, AW970970, AV685117, AW515437, BF934301, AA121777, AW402458, AA804726, AI566408, AA812684, AW271904, AU118200, AI601229, AU156313, AI689198, BE156426, AV701116, BG222875, AV687683, AV685479, AI818332, AW963444, AI653776, AI292236, AV651051, AW407578, BF871476, AA644090, AW900516, AI628219, AU147341, AI963856, H79633, BE674952, R91911, AF312915.1, AL157838.24, AL161792.29, Z98200.8, AL133448.4, AL133371.3, AL161904.7, AL353668.18, AL161626.20, AP000247.1, AC005726.1, AC073073.2, AC007207.22, AL022324.1, AL445685.17, AC004212.1, AP000047.1, AL359091.10, AL162377.10, AP000115.1, AC006312.8, AL357515.26, AC003029.2, AL162272.10, AL050335.32, AC002544.1, AC002301.1, AC005332.1, AL132713.11, AL139100.9, AC020983.7, AC004847.3, AC009331.5, AL030996.1, AC010489.4, AC008771.4, AC004491.1, AP000925.5, AC005041.2, Z82206.1, AC007097.4, AL133163.2, AL022323.7, AC002039.1, AC004832.3, AL157369.7, AL161775.20, AL161421.11, AC006539.1, AL359839.4, AL157823.9, AL450325.5, AC024028.10, AC034193.4, AC012170.6, AP001711.1, AL358334.3, AC018808.4, AL035530.11, AC005043.2, AC022116.5, AL391868.15, AP000504.1, Z93241.11, AP001710.1, AC004859.2, AL161779.32, AL162505.20, AL445222.9, AC006165.1, AC007022.2, AL133500.3, AC011484.4, AC027319.5, AC005399.19, AC006435.7, U91326.1, AL390294.19, AC002073.1, AF003626.1, AC020552.4, AL138976.5, AP001725.1, AL022313.1, AC005518.2, AL138880.14, AC005057.2, AC018828.3, AC004019.20, AC021036.5, AC010320.9, AF129756.1, AC022383.3, AL034405.16, AL121905.23, AL021155.1, AC007956.5, AL590762.1, AC006511.5, AC002306.1, AL139809.16, AL354808.24, AB023051.1, AL135928.6, AC002476.1, AC005519.3, AC004590.1, AC012384.16, AC005620.1, AC006581.16, AL096819.17, AP001873.3, AP000208.1, AP000130.1, AL138741.13, AL078581.11, AC009086.5, AL109806.22, AL079335.29, AL117382.28, AL022100.13, Z84480.1, AF001549.1, AL590763.1, AC073520.6, AC004707.1, AP001717.1, AF312032.1, AC002045.1, AL139095.15, AL133411.8, AC007050.25, AL355803.15, U82671.3, AL360227.17, AC004687.1, AL021546.1, AC008755.6, AC011311.11, AC009312.4, AC008747.5, AL022721.1, AF196779.1, AL139322.13, AC020898.5, AC008379.6, Z69653.1, AL121972.17, AC011480.3, AC005013.1, AP000512.1, AC011487.5, AC010359.5, AC011895.4,

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HE2DY70	152	722217	1 - 625	15 - 639	AI983739, AI093491, BE464707, AA169811, AA232650, AA609946, AW023590, AW163464, BG260037, AW087445, AL515047, BE785868, BF680131, BE045182, BG257535, AI344817, AV712673, AW071417, BG179993, BG110517, AI345746, AI251205, AA830821, AV725055, BF726237, BF342070, BF792961, AI308032, BF344652, AL514129, AV711509, AV715560, AI802542, BE964614, AL079963, BG163618, BF726183, AI969641, BF970731, BG164371, BE910703, BF037097, BG104782, AW827289, AW103371, AL120853, AL110306, BF885081, AI929108, BE964876, AI815855, BF904180, BF856052, BE965432, BF792469, AI340603, AL514529, AL514357, BG035511, AI521012, AL036802, AI344785, AV681719, AI590120, BE966443, AW935969, BF793309, AV682051, BE047852, BE620084, AI620517, BF341801, BF969494, AA225339, AI909666, AL043981, AL037454, BG109221, BG109270, BE874133, BG110684, BG120816, BF904258, AA427700, BE018334, AV654624, AV764282, BE965014, BG036846, BE048071, AI364788, BE789764, AI619502, BE964497, BF816811, AV706744, BF970768, AV703585, AL119863, BF526407, BF037484, AV660662, AI537677, BG168549, AW082594, BG180996, AI627880, AI471361, AV764180, AL080046, AI569583, AI400725, AW999049, BG261093, BF526020, BG121222, BF133418, AW026882, AI866741, AI536685, BF527014, BF812938, AL036804, AV682289, AI623682, AW268220, AV714485, BE964593, AI349645, BE905394, BE619280, AI433976, AL119791, AV686346, AI497733, AI433157, BE964460, AI619716, AW167222, AI702073, BF910810, BG180046, AV764059, BF812961, BF812960, AA640779, BF344691, AW978080, BG179633, AI348897, AL045500, AI699865, AA572758, BE964636, BG114104, BF921291, AW075305, AI612913, AL041772, AL513943, BE965621, AI340519, BG058398, AI921248, BE965481, BE904902, BE891101, AL121270, AI922901, AI282326, BF904265, BG249582, BG252914, BG105099, BF885675, AI783504, AA814407, BE879906, AI620284, AV681647, AI358701, BE965067, BG168185, AW087901, AW238730, BG168696, AV733470,

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HE2EB74	153	513662	1 - 1420	15 - 1434	BF431622, AL035942, AW500190, AW889139, AA136080, AW304923, AL035941, AA491000, AW002842, AA992811, AA747222, AW189910, AW026264, AA679646, AA953459, BF910533, BG179993, AW162118, BE408392, AA505898, AV682249, BF982063, AL049442.1, AL122116.1, AK025435.1, AL110223. 1.
HE2EN04	154	545008	1 - 356	15 - 370	AW001928, AW079751, AW073814, AI754638, BG250988, AI884973, AI571035, AW440401, AW082774, AI888810, AW166812, AI250234, AA292765, AA883763, AA706968, AI375629, AW470061, AI367655, AI816708, AA866114, AA706948, N66757, AW103401, AI023713, H99221, AA143778, AA969210, W90744, AA877946, AI289492, AI446437, AI520961, AA604695, AW409669, AW770358, BF220234, AV660129, AA573448, BF698763, AA564001, BC000411.1, AF067656. 1.
HE2FV03	155	396139	1 - 2053	15 - 2067	AL043591, AV726971, AA127856, BE503097, AI879075, AA917899, AI240219, AW958109, AW958106, BE221298, AI761889, AI042518, AW160850, AI750090, W38699, AW157481, AW161163, AA132116, AI565447, AW151293, BE890471, N94930, AI922328, BF476776, AI650737, BF668030, AA030052, AA907159, AW163661, AA127886, R26504, AW160606, R26476, Z33583, AA483553, AA922649, AA974552, AA029940, Z39533, AI700171, AA450258, AW472819, BF445592, AI572746, T30697, T31442, AA568420, AV748357, N55856, AA095728, AW952127, T36214, H89692, F04756, Z44852, C16580, AI873861, N71935, R40796, D62931, AA091396, F06009, F06010, BF927136, AA579325, AW663027, N56262, H89758, AL161449.7, AJ001319.1, AF093419. 1.
HE2NV57	156	740750	1 - 853	15 - 867	C05927, R72949, AA327984, AC084730.2, AC016673.5, AC004929.2, AC016716.6, AC008066.4, AC003969.1, AC024082.6, AC002302.1, AC013246.13, AC011490.7, AL158064.16, AC084729.2, AC078851.4, Z98743.1, AC020610.6, AF195953.1, AC016910.5, AL359394.9, AC005227.2, AC003692.1, AC016776.6, AC002300.1, AL451107.6, AL157838.24, AL031737.2, AL050335.32, AC007690.11, AC004541.1, AL022401.1, AC018796.4, AL358913.4, AL008583.1, AC005868.1, AL133383.10, AC006070.1, AC006211.1, AL359680.4, AL158035.14, AC087072.2, AC009424.2, AL391686.10, AP001684.1, AC006013.3, AL356461.15, AC016598.5, AP002980.2, AL158817.11, AL035685.21, AC034251.5, AC006134.1, AC020906.6, AL391241.21, AC015983.7, AP003470.2, AP001889.4, AL357519.19, AC087430.2, AC005081.3, AC005886.2, AC018509.5, AF277315.3, AC010913.9, AB020875.1, AJ011930.1, AL163300.2, AP000952.2, AL133387.8, AP000953.2, AL162503.12, AC025765.5, AP002342.3, AL445232.5, AC023114.5, AC004891.1, AL355792.8, AL163280.2, AL109662.3, AC010206.8, AL049843.18, AC017076.14, AC009362.8, AC005015.2, AL096791.12, AC002487.1, AC010726.4, AL353752.6, AP002846.2, AC005344.1, AC022363.24,

					AC009498.3, AP001699.1, AL138976.5, AC008064.2, AL357507.9, AP001670.1, AL137061. 12.
HE2PD49	157	638617	1 - 1408	15 - 1422	AI143226, BF792579, BE798123, BG027947, BF512811, AW960702, AA074614, AW973179, BF793801, BF970034, AI816250, AI336874, AI359462, BF196595, AI920941, BF683421, AW404001, AA041535, AI619673, AW080448, AA312966, AI248170, AA552215, AI864909, AI161255, AW027101, BE393360, AA613058, AA953791, R54079, R60168, AA426568, AI697713, BF208847, AA082536, AI269146, AA989378, H21497, AA877154, H98486, AI206064, BE563486, AI582707, AI587399, BF677141, BE396204, AI144140, AA527643, AI282213, BE832689, AW574900, AA376459, H29536, AI200580, AA329522, AW662882, BF213405, AI927727, AA318044, AI263946, AA039912, AI223111, AI912507, AI829375, R49273, BF842875, AA091789, F36491, N40052, R39339, AI557366, T24757, R43134, AA425093, AA873687, AI816330, AI266123, AW361339, R60167, AW996248, AI872739, AI561274, BE714945, BE714961, N31309, F31801, R17888, BF904855, H29628, BG119615, D26032, C00043, N27118, AI005232, AI052315, AA301581, N22922, H39166, BC004878.1, AF353991. 1.
HE2PY40	158	753229	1 - 1274	15 - 1288	AA330504, AC000397.1, AF100978.1, X84749.1, AF170890.1, AF100973.1, AF100970.1, AF100962.1, J05175.1, AF134415.1, AF134412.1, AF134413.1, AF134414.1, AF021846.1, AF071831.1, AF134416. 1.
HE6EU50	159	411998	1 - 1138	15 - 1152	AA702142, AI078434, AA069425, R10241, W86987, AI902844, R10745, R10723, AA069424, AI902901.
HE8DS15	160	847060	1 - 2185	15 - 2199	AV725650, BE161426, AW130367, BF343057, AA127680, BF575221, AI096437, BF941499, W58383, AI161240, N95226, AW966449, AI356752, AI093508, AI057144, AA044288, AW130361, AI423547, AI221152, AI094774, H47283, AI352542, AI891136, AI002491, T53270, AA044116, R48378, R24320, AV658066, AI829703, AI819388, BE140169, Z44849, R16574, T39273, AA095159, Z25099, AW273857, R16633, AA384077, AI245095, AW026140, T93764, BE927909, N73937, AW118768, AA121543, AA995178, AI453845, AA703455, AI452494, AW044037, H40993, R48277, AW629019, T64039, AA904647, AW073189, W21055, AW263913, AI096938, Z28777, W03697, AW797518, AI039546, AI434419, AW050649, BG003285, AI240412, AA886341, H23905, AI695284, AI767991, H47284, AI309041, BE927916, AA724059, AI352281, AI584012, AA618131, AA357401, AI796309, BE936061, AB018301.1, AL096772. 5.
HE8MH91	161	589450	1 - 1747	15 - 1761	BF969305, BF059262, BF434869, AI761909, AW137210, AI283077, AI625814, AA910871, BF028374, AU145480, AW103833, AW978231, AA179892, BG111607, AI751270, AU157325, BF970781, AA169699, AI818898, AA169226, AA180424, AA744012, AA806038, AU153225, BF445787, AA630387, AI185702, AU119050, R69144, AA282527, R69260, AA332623, AI625888, AA282635, AA968997, AA744320, AA044588, AW513757, AA196702, BE089435, BF154666, AA248976, AA720672, AK023183.1, AK000289.1, AB055279.1, AK002033. 1.
HE8QV67	162	1050076	1 - 1985	15 - 1999	BG119583, BE746475, BE745466, BF309488, AI361796, BG170779, BF966754, AW958421, BE617929, BG113523, BE394923, BE858188, BE731439, AA535135, AA236263, AW958336, AV752251, BE222593, BE797087, AI378612, AI634494, AA742437, AI199786, AV752842, AI669796,

					AW571509, AA063366, AI291989, AW004941, BE208151, AV704111, AI871167, AI540336, AA641240, AI288465, AA995997, AI218558, AW803217, AI083642, BF310733, AI435447, AW000866, BF934819, AV702400, N58967, AA136332, AA401608, BF433811, BE044647, AA868416, AW249910, AW627730, AA070405, BE908878, AA805715, BE717281, AA731211, AA844218, BE829627, AA725610, AA401477, BE829527, AI299157, AA648375, AA670304, AA709453, AA283820, AA970204, AW771046, AW249690, AA235005, AI928576, BE829555, BE829559, AW780342, AI017819, BE829626, H72154, AI750471, BE767520, AI571553, AI493322, R49561, AA875884, T70282, AA621993, T92727, AW469575, AI081826, AW449174, AI917238, N99124, BE836842, AA354609, W81566, AI033218, AI357261, AW104863, AV707204, AI445295, W81613, AI983491, BE717246, T08002, AA890368, AV707554, T03334, BE717260, BE836791, H72067, AI359915, BE836784, AW166060, BF834444, AA393274, BE836790, AW949521, AA736679, AA760993, AI085191, AW079503, T91829, AA136418, AA844211, AA725212, AA398623, H72162, BF590157, BE717249, BE717270, AA309678, BE829551, AI301810, BE717253, BE717247, AI500601, BE829537, W96196, AI200943, BF343587, T81071, N57909, AI419052, AI672790, H43667, BE829547, AA721731, AV708653, AI581665, AI208088, R60516, T35798, AW997309, T09191, T92806, BE717235, BE717244, H44738, R44088, AV685266, R30891, AA223393, BE791873, T32074, AW958289, BE000527, BF002298, AW080583, R30822, D80992, AI453195, AI937049, AI004756, AA446567, AI077535, AI291831, AA490386, AW581226, T16726, AI445223, AW074198, T81236, BE702357, AA988970, F13762, T32218, AA932644, BE717232, AA096082, AI351030, BE762886, AI611828, W96071, AA330722, BE908528, BF084648, BE699273, AA428987, BE019772, AW151622, AI400847, AI799907, BE646085, R37736, AI597679, T34475, AI885091, BE966358, BE717241, BE699278, AA707288, AW580306, T81023, AI825339, AV698582, BE164999, R13905, AA429119, AI160361, T08003, BE829526, BE829579, BE793734, AL133410.31, AB046825.1, AK027884.1, AF258662.1, AF211847.1, U59629.1, AF211848.1, AF009368. 1.
HE9BK23	163	675382	1 - 1622	15 - 1636	AW299658, AV659209, AW058550, AI796131, AW299514, AV658836, AV653227, AV654722, AV682016, AI767984, AV647576, AV649623, AW614624, AI634858, AW235128, AI498692, AV649245, AV693284, AV659141, AI373251, AV653105, AV658636, AV688654, AI796532, AV657125, R86161, AV647536, AV647454, AV660968, AV654145, AV684193, AV659149, BE971322, AW295829, T73510, T73442, AV699707, AV685476, BF740041, N71226, AV726104, C15737, AV706064, AV706545, AV702961, AW962458, AV703159, AF152562. 1.
HE9CP41	164	560625	1 - 1378	15 - 1392	BF032830, AL121944.14, AL138700.18, AL132988.4, AL138805.8, AC018695.6, AC005305.1, AC015853.8, AL049637.43, AC005536. 2.
HE9DG49	165	1299935	1 - 703	15 - 717	BF508798, AI829099, N25625, AI126506, AI200037, AI128843, AW024969, N34223, AW450603, AA743134, N36303, AW020616, AI217597, AA605122, AI160533, AA729493, AA568193, BE857354, AA568681, AI695490, BE855663, BG054946, N26904, N24885, W52651, AI802647, AI312534, AA648514, N72137, N35103, AA806507, AA729125, N34254, AI219599, H86995, N39790, R73200, N26781, AI032141, N25653, H86994, W00385, R73137, AW298649, AA296449, N28403, R26304,

					AW452862, AW453038, AI299683, AA988539, AI141901, W52017, AI039557, AW236299, AW515490, AI361669, AI674252, AA768761, AI452444, AW629545, AI984739, AW074182, AW583163, T25829, AI805445, N20053, BF958127, BF964329, AA543074, BE081422, T25828, AA358828, BE152130, AA653691, AI362330, AW606102, BE170656, AF238079. 1.
HE9HY07	166	420063	1 - 818	15 - 832	
HE9NN84	167	846309	1 - 720	15 - 734	AA595746, AI675996, AA421107, BE467349, BF591596, AI760653, AI676145, AI937171, AL048289, AA142958, AV757675, AA211421, N20332, AL048288, AA211732, AI168158, AA150469, BF439049, R70617, AA114851, N20324, AW971316, AA525099, AA527928, AI022578, R49331, AA114852, AI879609, AI350105, AW271678, AA397997, AA400333, AA449237, H10050, AA987243, AA400158, AI632706, Z19420, F00068, H97392, D54580, AI273157, BE220088, BF195338, AW297795, R49240, BF672343, BE327708, AA903792, BE833437, BF681090, BE467754, AW022151, C16456, D55902, F00315, R39349, AI500072, AI919009, Z25269, C01892, N27598, BG026508, D51002, R70518, BF195496, H00776, AF070533.1, AF283527. 1.
HE9OW20	168	1352337	1 - 1195	15 - 1209	BE738133, AA223584, AU152161, AW297936, BE242781, AU130144, H54044, BE154665, AJ312278.1, AC046130.25, AK027657.1, AK023061. 1.
HE9RM63	169	886167	1 - 2135	15 - 2149	AU133294, AI057619, AI815558, BF949735, AW272417, AI631144, AI083492, BF696663, N53095, AI922624, AI016358, AI791895, AW439093, AA377170, AW238991, AV733682, AI634595, AI280306, AA326937, AI816503, AK001735.1, AF227906.2, AL162500.15, AL158192.15, AL133051. 1.
HEAAR07	170	561524	1 - 1070	15 - 1084	BF035327, AI436352, AW903499, BF839884, AV731158, U49973.1, AL136168.4, AC018719.4, AC010386.5, AC026463.4, AL356859.12, AC025097.41, AC010485.5, AC006343.2, AF222856.1, AF222854.1, AF042484.1, AF222855.1, AC005728.1, AC012081.16, AF241734.1, AL158201.19, AC022392.4, AL118557.5, AP002500.4, AL031671.12, Z82975.1, AL139182.24, AP001533.4, AC005317.1, Z98745.1, AC079319.19, AC005411.1, AC004941.2, AL445204.3, AC006566.2, AC005678.1, AL357394.11, AL356094.11, AL356534.12, AL359703.13, AP000893. 5.
HEBAE88	171	526417	1 - 568	15 - 582	AI732427, BF445282, AA129395, AW880236, AA065052, AC004478.1, AC004388.1, AC010722.2, AC007511.8, AL450333.13, Y08991. 1.
HEBBN36	172	486120	1 - 1032	15 - 1046	AW965787, AA426185, BE669482, BE504215, AI823764, AA400753, AW183532, AA099541, AW994875, BF131705, AA676425, AW450178, BE835748, AA693746, AI168628, R26928, BF331783, AA356625, BG150194, AA954744, AA903008, R26705, BE138808, BE019804, AC005180. 2.
HEBCM63	173	484643	1 - 544	15 - 558	AW138816, AI907676, AI360241, AW341219, AI360299, BF477880, AL119663, BF928245, Z38680, AI937380, AI557264, AA170832, AV741220, AV745417, AI524890, C15120, C15762, D52835, AV705545, AI525431, D53447, AI541374, D53472, AV746010, AW965902, AW954735, AV684168, AV726916, AI546891, AV661866, AV702189, AI525306, AV707931, D61254, AI541307, AB023144.2, AL050253.1, AB041736.1, AL023513.1, AL035545.1, AL078460. 6.
HEBEJ18	174	701802	1 - 671	15 - 685	BG119433, BG248347, BG109710, BE383397, BF310661, BF035847, BG111960, BE740887, AA872710, AW051637, BE904996, BE620053, BE294553, BG026514, BF036166, BE378983,

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HEEAG23	175	684254	1 - 1655	15 - 1669	BF667852, AW798053, BG141339, AI279852, BG141348, H57654, AI472339, H85172, BF879975, BF879989, BF879974, AW954063, AW994019, BF590284, AA383569, H96534, BF800241, AA903404, AW873530, AA719530, AI084916, AW135894, AA993772, BF358415, AA890589, BG249829, W61170, AA807443, AW498471, AA814409, BG149771, AI828884, BE839816, BF954921, R76166, BE545018, AA470533, BF922076, AI829062, BE766575, BF808213, AA737653, H96878, R62923, AA714658, BF808212, AA705115, AI964064, AA569749, AI343340, AC004938.2, AL357033.19, AL121808.4, AL135749.3, AL359402.3, AC009314.4, AL031777.4, AL035079.14, AC078818.19, AL358612.8, AC018644.6, AL391839.9, AC013716.6, AC004882.2, AL078591.18, AL078645.31, AL031680.20, AL162505.20, AP001715.1, AC025264.16, AL109938.8, AC006312.8, AF243527.1, AL133367.4, AC010319.7, AC083875.1, AL050349.27, AL162615.13, AL356575.8, AP000223.1, AL121578.1, AC084732.1, AC005033.1, AC005082.3, AL136162.17, AC027319.5, AC062020.5, AL157915.3, U63313.1, AC006511.5, AC011443.6, AP001687.1, AC004477.1, AC011508.4, AC083866.2, AC006315.2, Z84572.1, AL136131.15, AC011005.7, AP001429.2, AL035462.21, Z83823.1, AC002350.1, AL138820.11, AC020896.5, AC010206.8, AC011495.6, D83253.1, AC004151.1, AC008813.6, AC005291.1, AL354696.11, AC005225.2, AC004652.1, AC083810.16, AL390071.9, AL021940.1, AP002907.2, AP000962.2, AL031721.1, AL031666.6, AL353807.18, AC004167.1, AL009183.10, AL356095.11, U78027.1, AC018763.5, AL021393.1,

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HEEAJ02	176	633657	1 - 1024	15 - 1038	AL521986, AL521985, BG260084, AI817466, BE904098, BE894263, BF793132, BE873833, BF439331, BF983713, BF203429, BE910310, AI188184, BE904210, BG031216, AI803637, BE218333, BE378900, AW953618, BF667874, BF940993, AI479853, BG116696, BE747895, AI199381, AI423127, AI458395, BE389366, AA743927, AV728694, AV728921, AA780244, AA284556, AI138746, AW602172, AI340185, AI497680, AI701138, AA410675, AI949706, BF594730, AI570504, AI300375, AA262669, AA447624, AA423881, BF110364, AA400547, AA429108, AA316560, BF344873, AA042988, AA452960, AA284795, AI348309, AA043042, AA316842, AA451674, AA423902, AA400244, N80231, BF003113, AA042861, R76970, AA452820, AI571390, BE549542, AI560629, AA453218, H60916, AA868885, AA235589, AA496998, AW105644, AA448024, AA428872, BF589245, AA042849, AI654988, AA429062, AA357706, AW794510, R93695, T90652, AA523984, BF745192, R34969, BF087292, H83024, BE261946, AI869572, H51706, AA946612, W38322, R34866, AA044412, AA682182, T83180, R96730, R94542, T78530, AA962639, AA810439, BE382714, AA504714, AA367144, AA044398, H52424, H82805, W16760, AV660662, AI540890, AV727776, AV702804, AV706744, AV702994, AW961463, AW953965, AW950035, AV698087, AV721957, AV706987, AV652443, AV703263, AV706775, AV706915, AF113126.1, BC000557.1,

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HEEAQ11	177	777843	1 - 907	15 - 921	AW572915, BE500968, AI631708, BF056783, AI638675, AW024125, AA812885, AA911102, AI651682, AA758532, AA934362, AW104268, AA968716, BF223496, AA496078, AA608859, AA973942, AW418725, BE041425, AA931770, AA513329, BF056762, AW975618, AW949645, AW964468, AW966389, AV724520, AW966330, AW973541, C14331, AW960553, AV718692, AV702035, D80195, C14389, AV718489, AV719468, AV718800, AV719822, AV719324, AV718707, C14429, AV718931, AW366296, AA305409, AW966534, D59619, D80210, D80166, D80240, AW973488, D81030, AW949656, AW949642, AW965185, AW965197, AV720211, AW966075, AW978634, AV723927, AW966065, AW949653, AW962245, D80212, AW966053, AW959799, D80219, D59859, D51423, AW973474, AV699550, AW966050, AV719783, AW975613, AW965196, AW965184, AW978661, D51799, AV720464, D80253, AV718770, AV720731, AW966029, AW973307, D51060, AV718938, AV718633, AW975605, D59610, AV720878, AV719557, AW960465, AV699447, AW958993, AV722801, AW973334, AW959136, AW966531, AW949646, AW949654, AW959202, AW966013, AW960473, D58283, AW966022, D80022, D80366, AW964756, AW975621, AW964477, D80188, AW966041, AW965163, D80391, D80164, AV718844, AW959582, AW966054, AW966059, AW958992, D59787, AW978648, D59502, D59467, AW949631, AW949643, AW949618, AW949655, D59275, AW960454, AW973330, AV720791, AV720203, AV719188, D80043, D80227, AW966062, AW956434, AV718440, AV720028, AW959597, AW959628, AW965177, AW959570, AW973485, AW965175, AW973482, AV700229, D57483, D59889, AW959062, AW964488, AW949641, AW962082, AV699927, AV738340, AV723097, AW966043, D80269, D80196, C15076, D80024, AV699866, AW949658, AW949657, D80241, AW956397, AV699746, AW949629, D59927, AW375405, AW964737, AW973447, D80038, D80193, D50979, D50995, AV700889, AV744690, AW949630, AW966030, AV720150, AV721386, AW965158, AW949633, AW949632, AW966032, D80378, D80045, AW753053, AW966023, AV718530, AV720812, D51022, C14014, AW960532, AV701004, AW960564, AW959469, AW960504, AW177440, AV744012, AV720533, D80248, AW975623, AW973490, AI905856, AV701125, AW752082, AW962395, AV701166, AV701149, AV703738, AW973445, AW964532, AW966368, AV720151, AW966397, AV720220, AV705869, AV720616, AV742732, T03269, AW973465, C75259, AW960570, D80133, AW178893, AA305578, AW966369, AV699669, D80302, D80251, AW973473, AW965176, AV727978, D81026, AA514186, AW966378, AW966386, AW966331, AW966398, AV706147, AV719913, AV720654, AW966399, D80522, AL121894.26, AF058696.1, AF271371.1, AB028859.1, X67155.2, D34614.1, D88547.1, AB002449.1, D50010.1, AB038216.1, U79457. 1.
HEEBI05	178	1307611	1 - 880	15 - 894	AV653338, AI150047, AA335017, AA335685.
HEGAH43	179	532596	1 - 428	15 - 442	AA400429, AA994981, AA846419, AA453384, AI015471, AA992965, AA400538, AL360078.16, AJ236910.1, AJ236909.1, AF327147. 1.

HEGAN94	180	885637	1 - 568	15 - 582	AI018488, BF509739, AL157823. 9.
HEGBS69	181	1093342	1 - 795	15 - 809	BE041526, BF514935, BF515526, BF515928, AI656756, AL138127, AI150056, BF510812, AW165981, AI360220, BE963568, AL512683. 1.
HELGK31	182	681138	1 - 1382	15 - 1396	AL519840, AL519839, BE379142, BE786389, BE796190, BG117991, AL524590, BE744597, BE909841, BE907873, AL043167, BE544763, BE740216, AL518390, AL529705, AW592682, AW874363, AI085412, AW958434, AU126873, BF132076, AA604374, BF541758, BF794982, BE545432, AA936378, AA161264, AA531252, BE563799, AW072533, AA639981, AA677594, AI138280, AA218539, N94446, AI363012, BF114843, AI083837, D51047, BF343738, AW499697, AA437204, AA132746, AV712240, AI086913, AA889889, AA161263, AA916429, AA142878, AL518389, AA810233, AA613892, AA424834, AA143152, AA603133, AA132651, H11615, AW367012, AI268931, AI955333, AA948407, AW327686, AA856621, AA227183, AA524602, BE537412, W30793, AA969047, BE875215, AU149648, R54573, H18393, AW080718, AI082408, AA354603, BG024936, AA807409, BE762990, AA225683, AA745633, R09626, W22670, AA296971, N79058, AW131898, AA283047, R09625, AA974359, AA216343, AW352289, AI014772, AA426455, AA335199, AW352287, AA876045, AA569616, AA426587, AA365881, BE645623, AW352294, AA218538, AA225708, AW149303, Z45742, AA298844, AA693654, Z41394, AI740665, BE142815, R09514, AW263934, BF515182, AA652379, W24000, AI400292, BF893436, AA281197, AI376646, AV703989, AV725633, AV656373, AV702372, AV702417, AV704217, AV702280, AW954248, AV702998, AW950443, AV725991, AW960601, AW952403, AW952410, AW952183, AW954237, AW952751, AW956075, AV645936, AV709587, AW955723, AV658084, AV692600, AV650315, AV659389, AV697880, AV727613, AV726010, AV660258, AW959521, AV647789, AV708109, AW956474, AV659294, AV727787, AV703146, AV725745, AV686060, AV660608, AW951239, AV728148, AV726590, AV656478, AV709314, AV653353, AV654070, AV691080, AW951281, AV702385, AV702772, AW949802, AV658275, AV652001, AW955662, AV703669, AV707979, AV725208, AV727003, AV709580, AV725582, AV708786, AW957517, AV659547, AV727526, AV651920, AV725618, AW954439, AV706734, AV729076, AV702266, AV725577, AV725033, AV706223, AV728924, AV725617, AW954206, AV707863, AV696931, AV707798, AV703062, AV727822, AV707572, AV699089, AV705135, AV701874, AV703501, AW962444, AV707401, AV701183, AV709660, AV704585, AV654035, AV709935, AV707652, AV728721, AV707654, AV707663, AV683994, AV704042, AV654282, AV697288, AV729220, AV709880, AV687035, AV698290, AV704847, AV694836, AV706882, AV697498, AV702954, AV727238, AV686420, AV694812, AV682997, AV696866, AV727126, AV707656, AV655890, AV728997, AV706162, AV705635, AV686390, AV702794, AV656256, AV686417, AV686083, AV698429, AV656240, AV655577, AV694871, BC001239.1, AF201931.1, AK001341.1, AL136674.1, AL137878.11, AF217994.1, Y08991.1, Z30183.1, U94592.1, U45328. 1.
HELHD85	183	847372	1 - 1872	15 - 1886	AI284640, AL138265, AL046409, BF677892, AW193265, AV760937, AW969629, AI431303, AV760777, AI613280, BG249643, AW407578, AI281881, AV763354, BF130107, AI345654,

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HELHL48	184	696945	1 - 2957	15 - 2971	AL529435, AL524123, AL524122, BF312538, AU129727, BG164871, BF348048, AU120482, BG167168, BE733600, BE876571, BE875645, BE296592, BE901138, BF343028, BF308771, BF345199, BF308189, BE336871, BG028125, BF115264, BG116986, BG249650, BE903726, AV728373, AW007132, BG121227, BF206051, AW963600, BF347698, AU151806, BE294229, AW303548, AW411067, AW967356, AW411066, AU128086, AA100522, AI867409, AU137055, AI378902, W28880, AW752755, BF308950, AW751506, AI421175, BG180673, AW590377, BF001722, AI872412, BF924126, AA180518, AI373035, AW179322, AI401197, R24305, AW178945, AW150193, AA209515, AA564224, AI370802, AI984047, BF438508, AA293441, AA088551, AI758667, AI275100, AW996404, AW007984, AI800710, AU150189, AI361596, AU150403, AA669849, BF432420, AI559326, AU146534, AA514455, AW513096, N31325, BF754347, AW896670, BE789836, AI299591, AI272929, AI089779, BE008621, AI912569, AI276235, AI283742, BF939706, AA508685, AA180517, AW169281, AI688823, AI310354, AW007978, AI359948, AA148446, AA292742, AA478976, AI041725, BE790438, AA292741, AI221864, AA157827, AA552023, AA112746, AA513477, AA232508, AA148445, AI493536, BE206110, N26490, BE147464, AA293508, T84545, BE093924, BF884193, AU157002, F12444, AI348568, D31225, N47540,

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HEMAM41	185	741647	1 - 1323	15 - 1337	AL515525, BF966744, BF793066, BE905040, AV697070, AW157314, AI816071, AL515524, AW261874, BF966307, AW163370, BF727408, AW151173, AW001897, AW236835, AW235694, AI801254, N62855, AI815990, AW117364, AW976507, AW150293, AA876913, AI635914, AA779526, AI584106, R40658, D12158, AW148443, AA338451, AW166670, AI245076, D12218, AW369838, D57788, AW631476, AA969485, AC021086.4, AC027315.3, AC010382. 4.
HEPAA46	186	596830	1 - 1115	15 - 1129	AA835052, AI220434, AA335178, AA905529, AL031650. 22.
HEPAB80	187	1307790	1 - 785	15 - 799	AW274007, AI677890, AW510786, AW468943, AA335322, AI807924, AW172560, AC006116.1, AC011506. 3.
HEQAK71	188	598018	1 - 1675	15 - 1689	AW960453, AA577682, AI740956, BF589404, AI810888, BE894896, AI129260, AI743307, AI953066, AI017271, AA631231, BE503649, AI400945, AI670754, AA534344, BE765639, W72296, BE673403, AI188476, AW264555, AW880277, AW305140, N54915, AA917732, AI439508, BF510644, BF984766, AA088886, AV750742, BG109860, BE765623, H01968, AA573814, T69918, AI758231, AI479210, AW138022, AV751020, BF437113, N40587, N25881, R36078, BF989181, BE897314, BF574472, AL036615, AL117461.1, AK026979.1, AC011093.6, AL359709.15, AP001437.1, AP000011.2, AL390798.3, AP001728.1, AC005345.1, AP000153.1, AL078645.31, AL137021.15, AC004817.2, AL357117.20, AL442183.4, AC004830.1, AL354696.11, AC003013.1, AL138743.5, AL513023.12, AC012405.5, AK027165. 1.
HERAR44	189	566811	1 - 406	15 - 420	AC007358.2.
HESAJ10	190	526013	1 - 1076	15 - 1090	BG163863, BF973568, BE905545, BE440123, BE877406, BE878414, AI810399, AA421950, AW954926, AI826072, AA507017, AI597673, AA147367, W46280, AA586621, W70172, BE879100, AA595444, AA725205, AI701337, AA421951, AA722808, AA988274, AA844455, W96316, T59591, BF869408, BF858292, BF858296, AA587061, AI077904, BF858302, AA147419, AA058506,

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HETAB45	191	609827	1 - 1662	15 - 1676	AL520667, BE737374, BE734304, BF689505, BF343502, BG179655, AW953641, BG168504, BE747867, BF982990, BE378257, BE514593, BE909615, BE870978, BG058649, BF689070, BG029850, BE546131, BF690427, AI688113, AI554392, BG115902, AW580475, AA911109, AA778384, AA486370, BF874009, AI382028, AA776265, AW173438, AW382483, AI523553, AA563686, AI493765, AA906681, AA484857, AW752131, AI362311, AA811238, BE047437, AI276177, AA838288, AA479791, AA460659, AA259052, AW580486, AI097482, AA488079, AI082243, AA088205, BE763979, AW510339, AI609703, AW404956, AI093069, AW438882, AI350871, AI953839, AA285058, AW366250, AI033274, BG029140, AV683434, AA648139, AA226399, AI087234, AA594766, AA477188, H53631, BE141358, AI298774, BE743169, H03363, H04050, BE141360, BG006416, AI687929, AI270613, AA297403, BE141357, H48473, AA496296, BE259832, T86181, AW188898, AA359247, BE185788, H28080, AI433271, R70772, R23345, H53672, AI500391, H70534, AA374856, AA297085, R33033, R99170, R33920, BE141344, AA852639, AW088943, R81465, AI400220, BE832975, BF359882, AA621048, BF813460, AA853069, R81663, AI963710, R23264, BF748942, AA290677, T83919, AA428830, AI687795, BE163435, BE163434,

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HETBR16	192	703243	1 - 1555	15 - 1569	AW661837, AA127395, D62246, BF838051, AA363498, BF673053, BF838050, N68223, AA608520, BF878696, AW238127, AA570224, AI635819, W45298, AW949001, BF932686, BE063025, W45283, BE063030, BF815072, F31654, AI610607, AI640411, AA568947, BE049229, BF856556, AI679442, AI679952, BF857619, AA665645, AV656064, AW949012, AA653612, F27410, AV740009, AI889440, AI540408, AV720211, BF850690, AA605266, BF844769, AW261996, AI885488, AA494090, AA626402, AW020088, AA486970, AW167154, AI809818, AA745356, AI634601, BE162124, AW271917, BE179216, AI859280, AU158549, AW148386, AW971243, BE674880, AA661948, AA665330, AA649148, D82461, F31619, AI565245, AI932902, AA708213, AC072052.6, AL021807.2, AL132718.5, AL132653.22, AP001417.2, AP000160.1, AL122023.3, AL391987.15, AL162385.16, AL390295.10, AP000018.2, AC008122.15, AP001730.1, AL078475.2, AC090051.8, AL132838.4, AL050302.2, AC006026.2, AC004964.2, AC008745.6, AC019274.5, AL163203.2, AC002115.1, AL139809.16, AL139317.5, AL118524.25, AC004098.1, AC006387.3, AL033529.25, AL360219.18, AL163210.2, AC011455.6, Z98048.1, AC007637.9, AL021408.1, AL353679.18, AC021019.5, AC005668.1, AC011497.6, AC010150.3, AL135839.15, AL445490.6, AL033378.12, AF258547.1, AE000658.1, AL133545.10, AL031666.6, AL157829.24, AC020601.10, AC011540.3, AC002350.1, AC007881.4, AC007954.7, AC022407.6, AP001746.1, AB020878.1, AC007055.3, AC003029.2, AL158089.8, AL391384.18, AL352979.4, AC073964.3, AC023668.4, AL356805.5, X87344.1, AL445466.9, AL590043.7, AC083875.1, AC012592.10, AL161938.6, AF258545.2, AF084941.1, AL008723.8, AC011604.10, AC090842.1, AL359238.4, AC018448.16, AC004066.1, AL354707.17, AC068948.1, AL354797.16, AL035671.5, AL050335.32, AC003954.1, AC010620.4, AC021016.4, AC005666.1, AL135927.14, AC007227.3, AC008625.5, AC008521.5, AL022717.1, AC019171.4, AL356782.14, AC003106.1, AL034349.3, AL035587.5, AC007263.4, AC010422.7, AL583856.6, AC004671.1, AC010976.5, AC011471.6, AL162274.17, AC005899.1, AC005406.2, AC023355.5, AC004686.1, AF008243.1, Z94801.1, AL390252.9, AL031734.9, AF015416.1, AL158040.13, AL354993.24, AC005670.1, AL121891.22, AC073838.6, AC005000.2, AC005971.5, AL137230.3, AC009086.5, AL137853.12, AC018828.3, AC006211.1, AC002985.1, AC005209.1, AC022383.3, AL445196.7, AL109946.12, AC011494.2, AC022384.4, AC006500.4, AC008645.4, AC015968.4, AC006353.3, Z85999.1, AC006017.2, AC018832.4, AL160269.14, AC068492.2, AL355595.10, AC005399.19, AC010267.6, U80017.1, AC016598.5, AC005411.1, AC000385.1, AC003041.1, AC011479.6, Z97630.11, AC004881.1, AC008770.6, AC016770.10, AF111168.2, AL133406. 14.
HETLM70	193	1177512	1 - 1237	15 - 1251	BE645551, BE304956, BE048918, BE740087, AW960605, BE207572, AW195635, AA177001, AI824341, AW362246, BF591120, AA578987, AA425334, BF002699, AI681859, W37110, AA991211,

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HFABG18	194	847073	1 - 1331	15 - 1345	BF570393, BF569907, BF344166, AA758023, W63573, AA877107, AW664584, AI924890, BE207784, AI422142, AI811174, AI891097, AI379416, AA631138, AI129321, AA233722, AA861574, AI339443, AW009533, AA635649, AA910314, BF510307, AA948287, AA421401, AA621181, H52254, AA908447, BF127938, AA330666, AA458586, AA328941, AI472877, BF337899, AA853185, R69866, AA852144, BF999691, T49327, AA677036, AW024548, R46515, R69911, BF999694, AW593365, H52351, AA976306, BF903330, T49326, AA233143, AI381786, BE827715, AA359077, AI569251, AI685425, AI826541.
HFAMB72	195	490697	1 - 1309	15 - 1323	AW897798, AL044056, W44681, AV758808, AW057713, AI445728, AI694501, AI567918, BF929670, AW137633, AI362734, AI560113, R66361, AA973346, R24468, AA256199, R24469, M78793, AA987235, R67503, BF926218, AA688372, AA398164, AA861041, AI024099, AA719008, AI694956, AI150346, AI217933, AA459841, BE217862, AA393248, AI652522, AA629029, AW137492, AI075905, AI796754, AF081250.1, AF081249. 1.
HFAMH77	196	543486	1 - 655	15 - 669	AI340312, BE676214, AA778534, AW300884, AI609950, AI340016, AI632085, AI335706, AA768117, AW027671, AW978490, AW590880, AW589742, AI272784, AW027648, AA983621, AI421130, AA918495, AI280887, AA724472, AA830837, AI024114, R60771, AI675916, N94357, BF960835, BF953963, AW572683, AI159997, AW772189, T05324, W52231, AI394585, F35349, AI445605, AI347406, R49581, AW020397, AB051512. 1.
HFCCQ50	197	579993	1 - 1257	15 - 1271	AL522683, AL522684, AI628729, AA133340, AW139771, AI690104, BF195450, AA133381, AW207332, AI267992, AI961337, R41690, AB049586. 1.
HFCEW05	198	561560	1 - 919	15 - 933	AI674710, AW075264, AI572441, AW665201, AA975502, AL134012, AL359582. 1.
HFFAD59	199	520369	1 - 456	15 - 470	AV699250, AV662248, AV699269, AV719565.
HFFAL36	200	560639	1 - 1006	15 - 1020	AL537384, AI656961, AI651790, BE466895, AA481913, H54148, AW020416, AA524615, AI309941, T82299, AW971340, AI625683, AA007579, AA670123, AW088680, AA112001, AI250970, AI613405, AI376500, BF526521, AA480105, AA417299, BF054759, BF054867, AI016470, AI373731, AA416675, BE622947, AI340568, BG180542, BE222669, AI266504, AI291507, AI672420, AI650382, BF885229, AA129526, AA081857, AV699196, AV699199, AA948596, AV699131, AV699223, AV662288, AV699219, AV699246, AV662257, AV699269, AV699218, AV662235, AV662248, AV699182, AV699250, AV662242, AV699204, AV699137, AV699147, AV699098, AW963961, AV699123, AV662247, AV662223, AV699144, AV699170, AV699136, AV699224, AV662272, AV699125, AV699203, AV699200, AV699247, AV662191, AV699255, AV662185, AV662196, AV662317, AV662287, AV699236, AV726209, AV652214, AV650926, AV652066, AW956240, L48842, AF051321.1, AF051322.1, AF069681. 1.

HFGAD82	201	513669	1 - 1867	15 - 1881	AL119979, BF346635, AV726399, BF035097, AV727342, AL119977, BF920864, AW888751, N31682, AW148844, AA772781, AA326677, N23200, AW961610, BF976989, BE765872, BE765750, BE765749, BE765443, BF570590, BE765618, BF438771, BE766953, BE766490, F06586, BG057153, R60278, F07047, AA628815, AV722183, R16237, BF364146, AA204942, AV734361, N71200, AI000462, R54067, Z40722, BF337123, R54066, AW903171, H24278, AV726415, H16893, AW897545, H16783, H22887, R16238, F03521, R42035, F05678, T80483, AA321847, AV731162, AV731097, AV730504, AV730299, AV731130, BE763530, R20855, AA386266, AW890775, R45969, R42611, N94832, R39831, F02857, F03323, T03048, R11992, F07675, AU118413, AW890773, AA640468, N95708, F05679, BE830656, BF948144, M85660, AL119687, T08757, AV722325, AW904904, BF344999, AI003266, N76471, N47227, AW903272, BF977690, T53097, BF918689, F01937, N58994, AI000789, AW898733, BE702498, BE699153, AL118827, BE708346, F07242, AW897547, F01938, N51309, AC003037.1, AC022486.4, AC007379.2, AC007064.27, AC006548.20, AC016752.2, AC008175.2, AC007965.3, AC007322.4, T66696, T66697.
HFIIZ70	202	1043350	1 - 1394	15 - 1408	AL048246, BE877406, BE905545, BE440123, BF973568, BG163863, BE878414, AI810399, AA421950, AW954926, AI826072, AA507017, AI597673, AA147367, BE879100, AA586621, AA725205, AI701337, AA595444, AA421951, AA722808, W46280, W70172, AA988274, AA844455, BF869408, W96316, BF834026, BF858296, T59591, BF858292, AI077904, AA587061, AA058506, BF858302, AA147419, AA649904, AA651755, AW579978, AW383857, AI734990, AI077596, BF858301, AA034247, R24354, AA576389, AA054465, AA814555, BG170925, W69907, AI918084, BE833571, BE159104, W96221, AA326962, BF339936, AA319027, AL048247, AA626906, AA897619, AI826118, AA683597, BF363870, AA932608, AA046341, W32814, BF858297, R24251, AA046263, AA630968, AW750463, AI146631, AI270350, AI074824, AI074849, AI081420, AI086654, AI954162, AW029263, AI675825, BE964767, AI886181, AI799183, AI620302, AW268243, AI634450, AI334450, BE968711, AI540458, BG251257, AI699011, AW268220, F27788, BE733009, AI336575, AW129271, BE964497, BG025209, AI345148, BF817418, BF344652, AI627896, AA983883, BF816455, H42825, BE967255, BF343172, AI812080, BF055742, AI613548, BF814360, AI336494, BE963918, AI452993, AI520931, AI345229, AW302854, AI349798, BF924856, AW168485, AI699862, AI073952, AI349004, AW152469, AW149925, AA494167, BE897632, AI335209, AW961463, AI859464, BG254754, AW271119, F37450, AI687166, AI784230, AW403717, BF987104, AW172723, AI891157, AI480118, AI805638, AI933589, AI811644, AW303089, AI680457, AI783861, AI434741, AW083804, AI251830, AI828731, AI924971, AW268306, AI612759, AI648663, AW022682, AI566630, BE393551, AI537617, BF812963, BF817402, AL119319, BF870154, BF921092, AI499285, BE613727, BE965724, AI446248, AV716516, AL038605, AI680162, AI475408, AI682841, AI568114, AW193872, AI537024, AI866465, AW193843, BF970449, BF032768, BF812938, AI567351, BF764538, BE966990, AI538342, AI620003, BE544111, BF895953, AI610645, BG112239, AI432040, AI866127, AI568138, AI445992, AI922550, AW162189, BG027628, AA493923, AI927755, AW079159, AW117746, AI244380, AI539711, AI866573, BF909758, AV682124, AI567582,

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HFKET18	203	889515	1 - 2393	15 - 2407	BG110420, BG115334, AI185642, AW611548, AI765744, AI049960, BF206049, AI884824, AI760384, AA603803, AI990152, AI991071, BF512789, BF111782, AI653741, AA425329, AW411097, AI934872, W87427, W38311, N46445, N81109, AI061327, AI500218, AI365116, AW235906, AA426444, AW590032, AA922999, AI675005, BE538807, D19613, W67792, AA515114, W67850, N79808, AA903500, BF310800, AI365322, AW675761, AA806029, AA856723, AI049728, AI653583, AA911610, R21297, AI040049, AI889471, AI368191, F08500, BE730105, AW196227, AI890737, BG258747, BE220526, Z39142, N70816, AA749162, AA258815, AA665599, T79989, AI193425, AI970238, BE781345, AI216679, F04714, W01450, AA349299, BE252937, AI696235, AI915010, R46143, AW937426, AA761144, N48946, Z43036, AA912452, BE177220, AW613925, BE543843, BF307683, AI472495, AI954525, BF821897, BF821009, AA937427, N64587, AF055012.1, AL050318.13, AB042646.1, D16966.1, AC005157.1, AL080249.26, AL136313.27, AC002492.1, AL139415.10, AC020947.6, AC005412.6, AL109823.23, AL035413.19, AL021391.2, AC011742.3, AP002851.2, AC016601.6, AC007731.14, AL158040.13, AC010654.8, AC007272.3, AP001712.1, AL389888.8, AC007226.3, AC010326.6, U17296.1, AP001717.1, AL033529.25, Z93930.10, AL353812.13, AL356915.19, AL391827.18, AC004087.1, AC025593.5, AC007052.4, AC006285.11, AL118520.26, AC005500.2, AC011467.7, AL132777.4, AC005180.2, AL121601.13, Z99716.4, AC018644.6, AL022165.1, AP001745.1, AC002115.1, AL133545.10, AC009412.6, AL121751.12, AL136123.19, AC006965.3, AL121747.41, AC005052.2, AC005899.1, AF219991.1, AC010463.6, AC004089.25, AL356299.16, AL365505.15, AC006312.8, AC024563.4, AP001670.1, AC005971.5, AC013717.8, AC005081.3, AL121972.17, AC007934.7, AC007055.3, AC011737.10, AC006241.1, AL035415.22, AC005722.1, AL049780.4, AC044797.5, AL137792.11, AL359091.10, AL138836.15, AC004000.1, AC007237.3, AC008925.3, AL033392.5, AP001621.1, AC006211.1, AC018758.2, AP001693.1, AC005015.2, AL133485.3, AC007199.1, AC006084.1, AC011544.6, AP001716.1, AC008569.6, AL034420.16, AL049776.3, AC009004.6, AL049867.2, AP003357.2, AC012476.8, AF134726.1, AP001727.1, AC005098.2, AC008755.6, AL121653.2, AC006511.5, AC011475. 6.
HFKFG02	204	634743	1 - 781	15 - 795	BE222940, AI479528, AW242860, R46796, M62053, AI017670, BE048467, AI671740, AW001738, AA351031, AI206414, AF124373.1, AB009698.1, AF104038.1, AB009697.1, AF057039.2, AP001858.4, AJ249369.1, AF097490.1, AJ251529.1, AJ271205. 1.
HFOXB13	205	570699	1 - 1155	15 - 1169	BF592863, AW594700, AC090945.1, AC009508.3, AL390068.12, AP001422.1, AP000021.2, AP000162.1, AP001731.1, AC079950.23, AC005670.1, AL138690.19, AC010163. 7.
HFPAC12	206	589522	1 - 1074	15 - 1088	AL520282, AI804338, BF951545, AW206420, AI039803, AI362891, BE699734, AA410892, M79026, AA419536, H47046, AA082306, AL520649, BF951672, BF944123, AW904559, BE702538, BF944119, AW954591, BE935929, Z45619, T79873, AB023185. 1.
HFPAO71	207	629193	1 - 2053	15 - 2067	AU119532, AW976010, AV762220, BF792326, AV760760, BG164166, AL037632, AU117926,

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HFPCX09	208	130979 3	1 - 2199	15 - 2213	AL536594, AV721181, AL138260, AW182261, AW590515, AI621238, AA992136, AI039940, AI240096, BF475263, AI989349, AA992473, T15408, AI918747, H05529, H46336, R44821, R45685, H12939, AA296979, H05383, H05384, C14158, AI802297, D45285, R14994, H10614, H46267, AF055636.1, AL157396. 9.
HFPCX36	209	526635	1 - 782	15 - 796	AI085242, AI440117, BG012020, AA659232, AA131088, AC006160.9, AC006449.19, AC020904.6, AC018711.4, L44140.1, AP001760.1, AC004983.2, AC005529.7, AL135744.4, AC005527.3, AC083868.2, AC051619.7, U91323.1, AC008623.4, AC023510.16, AP001718.1, AC020916.7, AC018801.4, AL049776.3, AC006006.2, AL355343.18, AC067941.7, AC011731.8, AL356805.5, AP000501.1, AL139021.6, AC018828.3, AC006205.7, AE006467.1, AC007263.4, AL121658.2, AC005409.1, AC022415.5, AL121983.13, AC005089.2, AC020983.7, AC004491.1, AP001830.4, AL162615.13, AC009412.6, AL049709.18, AC018808.4, AL138741.13, AC022443. 4.
HFRAN90	210	520368	1 - 518	15 - 532	AV705871, AV702196, AW965899, AW950678, AW959842, AV727499, AV705836, AV709248, AV728351, AV705453, AV728953, AV727766, AW963219, AV705697, AW956780, AW958316, AV726243, AW958045, AW956792, AV703742, AV726617, AV727120, AW956797, AV727144, AV705340, AV721818, AW964578, AV708025, AV705221, AV685113, AV707804, AW963399, AI536138, AI535660, AW966491, AI557799, AV725783, AV655703, AA585430, AV701667, AV746191, AW957853, AV728973, AW963378, AW959956, AV661824, AV741949, AV753624, AV726270, AW950597, AV701071, AW962407, AV727361, AV738232, AW951204, AV726551, AV731131, AV726328, AW961409, AV724091, AV707353, AW953763, AV729557, Z28355, AI547039, AW950644, AW954994, AW963350, AW965898, AA170832, AV702345, AV727828, AW955629, AV729198, AW964540, AV707331, D61254, AW963631, AV688541, AV702601, AV703620, AV712504, AW952064, AV717687, AV715667, AW955719, AV728210, AW954141, AW961831, AV692516, AV702095, AV705319, AW957300, AW959059, AW958033, AV762741, D60765, AV651281, AV745417, R45895, AV727449, AV732203, AV732299, AV732336, AW950971, AW950004, AV730119, AV730216, AW949940, AV707733, AV730546, AV730062, AV730115, AV731078, AV732566, AV702146, AV730609, AV701283, R28735, R29445, AV752043, AV731977, AV725497, AV730781, AV731694, AV731043, AV730288, AV732002, AV723449, AV723273, AV732149, AV732155, AV732255, AV752443, AV701626, AI557264, AW961578, AV729378, AW962864, AW957318, AW950689, AW955905, AV684604, AW965730, AV709733, AV728818, AV699199, AW965749, AW967047, AV699182, AV699139, AW950531, AW952395, AV701183, AV728312, AV704490, AV728884, T18597, AV709555, AV727954, AV729076, AV701088, AV703972, AV731411, AV649758, AV658784, AV705185, AV702191, AV729348, AV728642, AV705548, AW949437, AV658448, AW961112, AV723874, AV730165, AV725432, AV701311,

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HFTCU19	211	735139	1 - 1561	15 - 1575	AL522686, AL532414, AL528017, AL525764, AL525713, AL517601, AL532413, AL517602, BE728855, BE728429, BE790819, AL522685, BF793544, BG035367, BG250928, BG248668, BE620516, BG261214, BF527519, BE744785, BG027945, BE875302, BG107554, BE272944, BE274274, BE728950, BG104319, BE272684, BF025761, BF568694, BE408005, BE892043, BE259455, BE728885, BE786141, BE272952, BE298531, BE263890, BF965267, BE786762, AW249086, AA773582, AW956716, BE896833, AW248651, BG028978, BE272544, AI301926, BE514887, AW958043, AA707330, BF116072, BE301937, AW328603, AW958038, BE546423, AI983484, AI336123, BE409785, AI094652, AA857454, AA534610, AI301124, BE218758, BE391518, AW026133, BE220235, AA039645, AI826760, BF132535, BG164328, W07685, AA143751, BE217896, BE042731, AW800820, BE265135, AA316625, BF897135, R80333, AA143714, BE965179, AI371146, AI299006, BE859048, AA181066, AI273416, BE265826, AW328604, AI033743, AA209410, AI862384, AI989356, AA574155, AA576758, AA625711, AI274171, AV749543, AA583179, R56497, AW664258, AI400307, R56369, AA084546, AW248447, BF675036, AA805796, AI914573, AI183317, AA969588, AA516078, AA181067, AW192448, AA976451, AA961148, R56104, H22843, AI264478, N80562, AI263748, BE272880, AA352369, AW953396, AA325435, BF569001, R62408, AA904367, AA211866, R62409, AA303270, BF095626, AA999773, AA917014, R38437, AW118274, AI150239, AA354306, H22844, AA355150, AA353139, BF799722, R80227, AA039646, AA321806, N40663, BG122562, AA321805, AI364445, R12864, AA295363, AA641448, AW901335, AI001853, AI221522, AA303866, R49878, AW247358, T16973, BE206478, AW015905, AA180189, AA862561, AA743072, AA346787, R56274, AA343417, AA180499, AA279741, BE546075, AW007931, AW297178, AA179782, AI421063, R49877, AA279823, AI274516, BF796689, AI525802, AA095578, AW855537, AC003665.1, AC008550.4, AB051618.1, AA192915.
HFTDL56	212	695976	1 - 1825	15 - 1839	AW959215, AL514484, AU143560, AF307337.1, X55019.1, X01719.1, X04759.1, X01717. 1.
HFTDZ36	213	545726	1 - 1089	15 - 1103	AV721599, BF732420, BF510533, BF508158, BF508241, AI638188, AW181935, AI758929, AW592730, BE967495, AA447514, AI078837, AV723652, AI218418, BF692673, AA884756, AI335250, AW118870, BE044339, AA426363, AV730822, AI868197, BF947599, AA927228, BF952754, BF952302, BF952504, AW905268, AW905266, BF952591, AI673798, BF952850, BF952505, AW905263, BF952750, BF952589, BF952851, BF952752, AA897687, BF572515, AW905328, BE699539, AI830527, BF952755, BF210822, AA431528, AA029326, H41714, AA437157, N53641, BE699547, AW905379, BE699537, BE796741, AW898982, AI218421, AF289076.2,

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HFVAB79	214	1300736	1 - 1161	15 - 1175	AI640273, AI769432, BF939574, AW271996, BE465785, AA916007, AI935583, BF196453, AI478387, AW301652, AI474065, N73883, W03943, AI266027, AI241273, AI373364, T87063, T83618, AC069548.4, AF349540. 1.
HFVGE32	215	854545	1 - 558	15 - 572	BF362920, AL160269. 14.
HFVIC62	216	799525	1 - 1336	15 - 1350	AV648354, AV648120, AV719575, AV720522, AI207547, AI434618, AU145412, AV720302, BE463522, AI536648, AV718703, BE971199, AW772290, AV718420, AA705032, AV653985, AV648331, N68679, AV648215, AV648032, AW204828, AI276746, H55836, AV660303, AA995080, T88862, T72187, H55837, AV649505, T67491, AI521332, AC008014.5, AF305814.1, AK001053. 1.
HFXAM76	217	601402	1 - 933	15 - 947	AV699170, AV699125, AV699144, AV699136, AV662257, AW952432, AV662242, AV650031, AV662196, AV719825, AV719156, AV720062, AV720893, AV724349, AV699246, AV699147, AV724520, AV699197, AV699218, AV699247, AV662167, AV699119, AV699199, AV662268, AV662225, AV662149.
HFXDJ75	218	626114	1 - 1904	15 - 1918	AV652810, AV699123, AW963961, AV662272, AV699182, AV699246, AV699223, AV699147, AV645788, AV699204.
HFXDN63	219	553685	1 - 1012	15 - 1026	AV699204, AV699196, AV699199, AV725496, AW952432, AV652809, AW958904, AV662223, AV699218, AV719825, AV719156, AV720062, AV720893, AV648653.
HFXGT26	220	745381	1 - 1743	15 - 1757	BE736918, BE250577, BE616582, BE728115, BE615376, BE563291, BF793477, BG250960, BE386373, BF338817, BE531051, BF680445, BE385152, AU139668, BE883545, BG032917, AU120778, BF943073, BE899007, AW899342, BF803637, AV701925, AV706319, AU136531, AW957880, AW957801, AA307661, BF882363, BF217767, AA121877, AV732690, BF218444, BF203663, BE264980, BF957961, AI380547, AA134410, BF207674, BE061899, AA826146, AL133895, AA505043, BF733347, BE384186, AV730296, BE184422, H02956, AA583368, BE154390, AV742189, AA180023, AW276742, H92806, BF773043, BF815608, BF957954, AU116940, AA243106, BE304382, BF962070, BF811794, AA227286, AA715194, AA969742, AI003034, AA221018, T60641, BF592342, AA179694, AV749263, BE565499, BE566249, AA584467, AA504672, BE736970, AI918674, T07838, BE792178, BF197329, AW630075, H47099, AW515786, BE968449, H78916, AW865469, BF951636, AA317928, AA503299, AW963317, AA782913, AI440300, AW899603, H67930, BF238662, AW899527, H63688, AW962826, AL134062, AA359714, H71269, AV750972, AA356190, AA572768, T92166, T60713, AA491404, AA431655, T57502, AV683302, AV698434, BF929662, H71280, BF767788, BE617381, T62188, AW898213, AV715734, AW865403, AW872342, AV682563, AW898920, AI088102, BF812273, AA173218, AW023095, BF920075, BE898175, AA984544, BF759180, AA601152, AV697443, H53927, R01106, BF873657, R24107, AA225638, BF911201, AA657747, T97032, T98711, AA774178, BE220229, AA081887, AA312997, AW864780, AI557831, AI142016, AA577789, BE884391, H67786, BF857863, W22010, BE165736, AU127460, N41805, AW855025, AW999271, AA281292, AA133041, AA083246, AA568139, AV731015, BF829537, BF874267, AA232145, BE564886, AA418919, AV731611, T97044, BF871285,

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HFXGV31	221	526253	1 - 738	15 - 752	
HFXHD88	222	589523	1 - 1588	15 - 1602	AW002350, AV764465, BE158716, BF876961, AA724333, BE973589, AA812141, AW473455, T06754, AU159337, AA297769, AC005095.2, AL121869.19, AC007919.18, AC003954.1, AL161420.10, AL513264.8, AL035405.10, AC005038.5, AC016749.4, AC005548.1, AL031118.21, AC002553.1, AC004477.1, AL133545.10, AC008041.5, AC011422.2, AL353633.13, AC012005.4, AC005627.2, AL135841.11, AC027319.5, D14813.1, AC009137.6, AC034240.4, AC005884.1, AC034193.4, AL031848.11, AC009412.6, AC008125.9, AC018808. 4.
HFXHK73	223	609826	1 - 1859	15 - 1873	AP001741.1, Z49918.1, AP001610.1, AC009399. 5.
HFXKJ03	224	505207	1 - 927	15 - 941	AI041718, AC006213.1, AC035150. 1.
HFXKT05	225	658690	1 - 1701	15 - 1715	AU124431, AW960435, BF525944, AA781090, AW514159, AW390483, AW965129, AW170237, AW582015, AI700395, AI079309, AW339256, AI140441, BE700940, BE842726, BE842730, BE700936, BE700869, AW581975, AI022857, AI903097, AI401014, AI379419, BE700861, BE700862, BE772035, AI434349, BE772040, BE772042, AW673336, BE700873, BE700876, BE842723, BF439588, BE700941, BE700945, BE700943, BE772099, BE700938, AA703354, N50989, BE772066, BE700937, AA719006, BE908235, BE772053, BE772081, H69547, BE700904, BE772059, AA574083, BE830929, BE772082, BE818955, BE818958, BE772101, AI251845, AI243536, BE772019, BF870875, BE818964, AW517983, BE700851, AI983670, BE772020, BF359589, H70004, AW820559, BE840628, BE700898, T63151, BG012510, R11344, AA305705, BE818962, BE840434, BE840457, AW752129, AA565124, BG010792, BF849721, BE772047, AI905362, AA731490, BE818915, BE772087, BE772018, BE772074, BF110884, R14845, BE772086, BE772015, AI983820, AA344670, AA889063, R07438, BE840445, C15468, T63006, BE170135, R09631, R06659, BE772017, BE836162, AI540442, BE830923, AI023272, AW868068, BE830919, AW868069, BE818892, AA324635, AW960971, BE818951, AW674579, BE832289, BF091071, AK001249.2, AB007936.1, AK027078.1, AL117402. 1.
HFXKY27	226	634161	1 - 931	15 - 945	AA483223, AA552843, AV762050, BF991286, AA623002, BF827410, AW193265, AI434706, AV759204, BE350475, AI270117, AV760937, BF217299, AV710066, AA610493, AI350211, AL041690, BF475381, AV764241, AV764307, AW673241, AV762139, AI192631, AA552856, AV763540, BF676536, AA468131, AV682003, AI368256, AI345157, AA649705, AI345518, AV760774, AA480772, AA521323, AI538433, AA644538, AL037683, AA577906, AA613227, AA503475, AW270382, AI355206, AW021583, AV759274, AA521399, AV761155, AA492166, AV735495, AI431303, AA490183, AW088846, AF330238, AA857486, AA493621, AV759382, AW438643, AA579362, AI610159, AA525790, AA507824, AV742057, AV763255, W60061, AV761786, AA644551, AI254615, AV735370, AW872676, AA649642, AA652057, AA984708, AA579736, AA682912, AA525824, AW238583, AW977303, AA470969, AI963720, AV734666, AV760624, AV762826, AA970213, AA908422, AI613280, BG150790, AV760777, AA834755,

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HGBFO79	227	422794	1 - 1524	15 - 1538	AL529939, AL529940, AL528803, BE735106, BE798231, BE745759, BF312738, BE877016, BF343676, BE727149, BE549483, BE902824, BE905952, AL045805, BF310548, BE735699, BG259719, BE909739, BG030614, AW151250, BE382644, BE293088, BE907275, BE902845, BE390391, BE617060, BE886529, BE888201, BF313296, BE897351, BG253429, BE515066,

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HGBHE57	228	566836	1 - 649	15 - 663	BF591002, AI491940, AI239822, BF440034, N20580, AI263983, AA526882, AI811694, AI080116, AA046053, AA902625, AL536055, AI361914, AA622321, AI421561, AA508633, AW661932, D20772, AW952992, N67184, AA526869, AI598052, H64253, AA282273, BE618852, AA811240, AA345238, AW732176, H17050, AI061405, H23158, BF592162, T80830, H09571, R53226, AA046179, BF759956, H25064, T86412, BE890120, H09750, H21812, AW379527, AA249340, AL514791, AL514473, AI863382, AL513817, AL513991, AL514511, AI499178, AA765198, AI401697, AI434731, AI863002, AI440238, AL121286, BG163646, BG117249, AW196720, AW955902, AL039287, AL513693, BE965000, AI564212, AI971587, AW051088, BE883591, AL513977, BE966443, W45039, AI619820, AW088717, BF793561, AI696714, AI491842, AI890887, AI421662, AI471429, AI479292, AW021464, AW087217, AI925502, AI524654, AI961631, AL037104, AI250821, AI453767, BG108070, T69241, BE910033, AI439962, AI434468, AW090736, AI568967, AI432532, AI251221, BG119855, AI478714, AI784214, AI553645, AI470717, AI690813, AW194014, AW128971, AW105431, AI435641,

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HGBIB74	229	837220	1 - 1802	15 - 1816	AU132073, AL514534, BF983632, AL526111, BF793202, BF816636, AL526167, BF207035, AU121857, BE312932, BF307465, AL528311, BF316637, BE878180, BF512924, BE781366, BE299008, BE866833, AU141579, BF307539, BE296624, BF203318, BE314690, BE247312, AA258714, BF203434, AA258479, AW602250, AW372226, BF358908, AA625114, AI337232, BF762063, AU134960, BF303835, AW372227, AU125523, BE840047, AI739102, BE696707, AA551238, AA505288, R52096, BE746044, AA853934, BG012508, AI936957, AI582908, BE245999, R46499, BF365473, BE296121, AW166753, AA770298, BG056533, AA481002, AW071542, H17104, AW007814, AI086723, AI338746, AI340064, AI094613, AI096869, AI922132, BF939399, BE855621, AI357394, AI423481, AW087313, BF475441, AI421759, AI356823, AI418892, AA287330, N94480, AA524286, AW005778, AI922862, AW191028, AI566341, AA470698, AI421557, AI361016, AI359797, AI362874, AI863909, AI880712, F09352, AI922424, AA873767, AA481480, BF447091, AA291405, N20109, AI263664, AW968514, AA570059, AI913894, BF057036, W94068, BF090405,

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HGLAL82	230	520261	1 - 392	15 - 406	AL117344.12.
HHAAF20	231	838603	1 - 1481	15 - 1495	BE562242, BE782638, BE542785, BE871376, AW962260, AW118853, BG163298, AU151024, AW956135, BG254474, AI014552, AU153853, AI128005, AI304951, AU151709, AU123132, AI806634, AI554797, AA864943, AU151959, AW956137, AW731743, AI023423, BG150021, AI859224, AA001739, BF725954, N51229, BF476487, AI206406, AI422749, AI888568, AW511373, AW966806, BF110112, AA776417, AW192477, BG027748, AI161044, BF913352, AI306577, AA878001, W37987, AA587858, AW072232, AW451522, T57196, W37988, AA477029, T94775, AA022682, N24284, N32175, BE696738, BE857520, AI022374, AA527439, AA282898, AI538443, BE703950, AI208820, T55949, AA022801, W79912, W02715, BE041622, AI420754, AA911458, AA813028, H80241, W78127, BE221072, AU156435, AA884339, AA309975, AI276411, W03712, AA321763, W27545, BF887745, AA548566, AA339184, W25734, T94024, AA370906, AA001808, AW020249, H56404, BF926153, AI499535, AI869412, R22900, AI828446, BE241440, BE243664, AJ293456, AI146581, R23002, H56188, AI824776, AA321910, M85881, C01054, AA872708, BG166236, BF942843, BE541266, BE158250, AA971014, AI243389, BC000978.2, AK022524.1, L39210.1, AK000266.1, L33842.1, AK025013. 1.
HHBCS39	232	1003028	1 - 2881	15 - 2895	AU118319, AU118145, AA001321, AI268416, AU144910, AA004368, AW291988, AU144790, AA677418, AI056605, BE708494, AA001908, AA707413, AA903931, AA004369, AA122399, BG000061, AA152481, AA878867, AV695708, AA152372, AI279749, R28072, AI446406, AI565299, T82947, R28288, AA346924, T97751, T97858, AI242583, AW839578, AK024922.1, AK021612. 1.
HHEAA08	233	638231	1 - 2136	15 - 2150	AL520596, AI370425, BE567612, AI343143, AI016704, BF678494, AI284640, AI952900, AL038606, AW302048, AI049996, AW500125, AA318267, BE139267, AW979140, AA484143, AV763401, AW021774, AI345123, AW302315, AI754661, BF725347, AV762129, AL039187, AL079734, AI344810, AV763657, BE676900, BE139358, AL045077, AA192278, AW069227, AV710066, AV758989, AL526288, AA528480, AW303196, AW088125, AI270117, AA491814, AW301350, AA448838, AI538812, AL041706, AI918013, AV682003, AI754291, AU154948, AV760937, AW419262, AV728928, AW833862, AW731867, AW238016, BG031290, AI696793, AA524832, AA601680, BF926429, BF916934, AI473701, F32710, N91310, AA730635, AI634187, AW193265,

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HHEMA59	234	823100	1 - 3088	15 - 3102	AV726528, BF574791, BF996057, BF990910, BF035428, BF695329, AI096792, AW977965, AA811457, AI742527, AI820061, AI921596, AI984225, AW961815, AI393746, AI573202, BF970504,

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HHEMA75	235	494099	1 - 851	15 - 865	AA464839, BE269516, AW470830, AI808512, BE907567, BF381742, AW044532, W20358, AA780196, BE894120, AA450310, BG115487, BE767266, AW504536, AA243525, BF248139, AI218646, AI358214, AC008154.6, AC018646.3, AK027726. 1.
HHEMM74	236	941955	1 - 2598	15 - 2612	AI912020, AI738591, AL530623, BF000400, AI673200, AW195629, BF590333, BE465055, BF342074, AW207103, AI914327, AI016102, AI948562, AA515654, AI858984, AI021976, AA824295, AW003109, BG106995, AI288261, AI332790, AW873004, AA447206, AI863407, AW271426, BF222197, AI673222, AW274813, AI093417, AW197033, AA846300, AI989749, AA917651, AI933079, AI198249, AA149282, AW337461, AA029228, AU120416, N89854, AA476264, AI650694, AV760466, AA805734, Z28929, AV762395, AL042753, AI862408, AW137892, AW250017, AV759518, BE744242, AL138455, AV762645, AW582878, H43959, AI679782, AA029227, AL043009, BF337291, AA078301, AV682003, AV763971, AV720371, AI400383, AL042853, AL138265, AI971136, BG116267, BG116323, BE874842, AL043718, AV733824, AL079812, AI284640, AW954829, AI133164, AF039185, BG249643, AW301350, AV762098, AI805607, AW303196, AI334443, AV763633, AI499938, H01583, AL037683, H01483, BF677892, AL041690, AV760391, AF330238, AA587604, AL046409, BE893169, AW274349, BF241967, AL048626, AL045053, AV761745, AA631507, AL040921, AI963720, BG116150, AV761362, BF690726, AV760389, AV764530, AI307608, AV763540, AL119691, BF668217, AV759704, BF676981, AV759204, AV762959, AU140493, AU147104, AI431303, BF680074, AA581903, AI270117, AW812477, AW965008, AV710066, AW021583, AW088846, BG059568, AW072923, AW193265, AV728425, AA610491, AW419262, AW518220, AI613280, BF475381, AA129446, AV760777, AA594725, AV725423, AV762139, AV760937, BE562953, AA723017, AL039996, AI254316, AI281881, AL042377, AW576391, AI350211, AW995093, AW502975, AW574794, AW188484, AV763354, BF311000, AV733830, AU118745, AA490183, AI708009, AI610920, BF697673, AI862409, AA563926, AV757607, AV735495, AI305766, AA584082, AW406447, AI192631, AV740801, AL046205, AW270270, AV742057, AI367497, AI537506, AV762050, AV761489, AW245747, AI457397, AA577906, AV764329, BE252421, AI076616, BF792268, BF965232, BF965007, AW276827, AU152722, AW265385, AI345654, AW662543, AW969629, AI097429, AL134972, AI754955, AV756220, AI821271, AI537955, AW501386, AV658688, BF918590, AL120687, BE150580, AI924251, AV735370, AV763255, AV764228, BG236735, AV762111, AL044940, AV764578, AI732865, AW960468, AW974109, AI370074, AA547979, AI625244,

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HHENQ22	237	589958	1 - 1885	15 - 1899	
HHEPD24	238	498227	1 - 224	15 - 238	
HHEPM33	239	877639	1 - 1445	15 - 1459	AL525047, BE267465, AU119027, BE728398, AU142237, BG034269, BE797542, BG110205, AL525046, BF446035, AW966408, BE695857, AA447885, BE261226, BF852227, BE858413, AU159593, AV749929, BG178599, BE856576, AA424770, AI338990, AW135009, AI423774, AI334334, AW959286, AI766429, AA417903, AA933079, AA424903, AL047160, AI685395, BF477465, AW139987, BF948688, BF745006, AW769824, AA641849, AW371401, AW371406, BF745011, AW613024, BG056135, BF744933, BG058480, AI720305, BF744994, BE828620, BF744932, BF744930, AI250926, BF760364, AA593807, AI969741, AI263347, BF744931, BF745007, AA383851, AA482522, BF745014, AI686024, AA447724, AW613546, AW614328, AI766856, BF995409, BF745010, AA644474, AW197307, AA641850, BF852819, AA383850, AA325769, BF955849, AK023968. 1.
HHEPT60	240	463027	1 - 518	15 - 532	AW135036, BG231414, AV743105, AI420838, AA535125, R16804, AI497603, AA813296, AA552195, BG236687, BG231242, AA504055, AA533150, BF971602, AA143324, BE907116, BF971381, AI475621, AW975063, AV760867, BF026034, AV710618, AA578143, BF306800, AV716075, BE881501, BE888689, AA729466, AA628531, AA482870, BF527622, AV662287, AV761533, AI582791, AI741580, AV701482, AV739097, BE257844, AW083024, AW203954, AA523344, AA532593, AV756558, AI497618, AW958877, AV762499, AA558231, BG059296, AI475653, BG231063, BG231145, AA514368, AI524728, AV738333, BF340078, AI589583, AV762734, AV703106, AW955488, AV737930, AV717668, AV755789, AV762182, AV755769, AV701025, AV762924, AC010451.7, AC016993.4, AC018684. 3.
HHEPU04	241	838217	1 - 1070	15 - 1084	BG034488, BF982559, BE794497, BE313144, BF314688, BG120997, BE910635, BF969005, BF340441, BF306972, BF525733, BE875593, BG030710, BF792430, BE262728, BF315735, BE314135, BF205034, BE276651, BF203164, BE387269, BE266232, BE391657, BF204545, BG027046, AA643840, BE260130, N63475, BF195525, AA205661, AI832232, BF058723, AI869318, W72049, BE018923, AI765058, AV687411, AA034035, AA553820, AW961121, BF304202, AI808064, AW026472, AI955852, AI765242, AW248507, BE393296, AI127262, AI277854, AI884693, AI073710, AW872762, AI376148, AA146971, AI765029, AI339947, AW024138, AI147240, BF061732, AA708126, AA813521, AW439832, AI694928, AW242703, AI498928, AI123913, AA836303, BG222313, AA156956, AI301956, AI347608, AI311112, AI268993, AI304651, BF435947, AI075899, AI560747, BE295615, AI346935, BE669425, BF195494, AW839917, W79426, AV687766, AA781466, AI342962, AA033915, AW136724, AI090370, AA625788, AW800090, AA709462, AI338271, AW079287, R47883, AI969210, AA399114, AA041385, W46277, H99183, AA770182, H94295, AW404352, AA741397, N23743, AA044694, N24466, AA974145, AV683814, BF889167, AA156864, AA398056, N40747, N35718, N94773, AW968213, AA146970, N30038, BE140096, AA468399, AI341986, AA708782, AI686517, AA704970, AI597845, AI038344, W76401, AI374736, H81310, AI497678, N32448, AW204374, AA868201, BG152852, AI291572, AA478165, AA468439, AA478010,

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HHFBY53	242	821330	1 - 856	15 - 870	AA346699, BE897269, BG109478, BG178294, AI370129, AW238611, BF343729, AI000070, AI085870, BG179993, AI436456, BG108324, AV755207, AL514935, BE047863, AI802542, AI349772, AI500077, AL513643, AL121270, AI524684, BG165209, AL036396, AI225230, BF725126, BG260037, AI250293, BF883916, AL047042, BF343172, AW303152, AV655645, AL119049, AL036802, AL513907, BE048081, AL514627, AV681857, AW827203, AI064830, BG036846, AL046849, AI702406, AI475371, BF037097, BE048071, BE969709, BF727212, AV757737, BG111647, AL135661, AI521012, AI675423, AI433157, AL515041, BF971016, BF054877, BG168696, AW268253, AL121365, AL513597, AW075351, BE964812, AV682479, AL119791, AV681716, AL036146, AV756770, AV710479, AV757943, AI349645, AV711924, AW827249, AL119748, AV682224, AA187180, AI216146, AV681647, BG151247, BG031815, AV682266, BF969494, AV704928, AW238730, AV762488, AV682330, AL513911, BE968552, AL513837, BE887488, AI568870, BE613622, AV717179, AW274192, AI340582, AI687728, BG058208, AV721967, BF724691, AL514919, AV682351, AL513693, AI815383, AW071349, AW301409, AI349933, AI868831, AV682249, AI538716, BE966388, BG259801, AI349004, AI433976, AL045500, BG109125, BF795712, BF968493, AI687376, AV733470, AW071417, AW089572, BE880190, BG257535, AI799199, BF812933, BE964700, BG180996, AI969567, AI440426, BG114104, AL047763, AW074993, AI567351, BE048179, AV755290, AI281779, AV759235, AV757158, AL513553, AW195957, AI686926, AI678302, AI312152, BG252929, BG110797, BF695032, AV682074, AV681548, AV733397, BE877769, AA494113, AI687415, AI349937, BE785905, BF726421, AI497733, AW827211, BE965556, AV681685, AA610426, AW103371, BE048026, AI631107, AV757012, AV734318, AW169653, BE777769, AI345735, AV682441, AV758110, BG250190, BE876033, BG178809, AI699857, AL513753, AI635461, BF792099, BE048163, AI439087, AW162071, BE018711, AV755581, AL120854, BF793644, AV757018, AV723953, AI590128, AL513803, AV757853, AI275175, AV705644, AV758592, BE048319, BE047952, BG029399, BF970162, BE881155, AL514791, AV681630, AV758217, AW068845, AI863014, AI564719, AV682252, BG109270, BG108147, AL036274, AV757797, BE963035, AI934036, AI620284,

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HHFEC49	243	905849	1 - 2249	15 - 2263	W72062, AI827219, AI631461, W76255, AW449295, BF848562, BF849620, AI354957, AI222040, AI913803, T62772, T62921, T63781, AA364800, AF088057. 1.
HHFFJ48	244	634521	1 - 2552	15 - 2566	BF872051, BF760479, AA486028, AI536141, N91095, AW301931, BF772459, AW852705, AW852684, AW852657, BE138714, AB058744.1, AL589723.7, AC006512.12, AL451107.6, U47924.1, AL590762. 1.
HHFGR93	245	865581	1 - 1821	15 - 1835	AL513572, AL537139, BE869616, AL513571, AW190823, BE868295, BF528807, AW959200, BF998261, BF986378, W52782, BG009530, AA707399, AI921717, BE161072, AI656071, AI809901, AI870870, AA780017, AA046658, AA913618, AI633244, BF995431, AA428298, AI014541, AW300019, AW173046, AA428713, H12307, BF432551, H12782, BF115565, AI141481, AI092488, BE550395, W58612, AW172540, AI184646, BF222972, W58613, AI359381, AW361707, BE043092, AI970137, AI126255, R77354, AI624748, AI949837, AW081182, AI923177, AI187105, BE707255, R69232, AA514466, BF995428, AI521359, R69114, BG011026, AI347221, R76149, R73827, AA664044, R79810, H12841, AW594241, R78260, BG015155, BG002356, BF851373, H12629, R76098, R32862, R63063, R78261, T47327, AI189377, R73853, R62315, R68433, AI828342, R79923, H12360, AA618505, H12680, T50332, R79910, AW903922, AA733001, R35438, AI216465, AW903849, T98690, R73852, R81664, H00855, AA683601, AW009057, AI873711, AW513081, R33685, H02334, AI189455, AW365832, H02440, R67936, H02804, AI569353, R66838, R68432, H38189, R76065, R64387, R75889, R33581, R35749, AW235425, BG055882, R27675, T98640, AA991630, BF196820, AI189443, BF848636, R81467, BG007447, AA367816, R27576, R63218, R31360, AA359117, R31889, R34252, AI762218, AW002259, BF848635, W52486, H01235, AI199859, R62314, AA046788, AA249358, R64386, AW407088, N55686, R67441, AA446485, D45691, AI002022, AA430177, AF361746.1, AB060855.1, AF277292. 1.
HHFHJ59	246	411332	1 - 647	15 - 661	AA833770, AW877426, AA804902.
HHFHR32	247	411470	1 - 1364	15 - 1378	AL537554, AI949994, AI417813, BE176604, AL537293, W63587, AA555104, AV735759, BF433756, AW473655, W55970, AW779675, BE245761, AI436026, AI697597, BF446687, BE222143, AA310582, BE244564, AA725099, AA451851, AA860527, W49508, AI096339, BE218117, AA232777, AI082094, AL538385, AI160565, AA805441, W49509, AV741987, AI095778, AL538384, AA465271, AI685283, BE328263, AA233859, N62880, BF477950, BF240776, AV740618, W67453, W26654, R66448, AA347415, BE879790, AI301421, AA910440, AA815180, AA947419, AW388859, BE176537, AA806906, BF796176, AV716929, H04548, AA743984, AW294389, AW978207, D80074, AA953439, H53694, BF935876, D82288, BF971117, N26986, AA057527, R14689, BF794295, BF213700, W55969, BE893895, BF931384, AV743289, AW612155, H04469, N77787, R42413, N40108, BF243047, AA988864, BF240864, BE836282, BF239091, BE243458, N79387, D80452, AA910721, AV654871, BE887608, AV753942, M85866, BF243539, AI016440, AV754341, AV753874, AA013030, R13766,

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HHFOJ29	248	1127491	1 - 1352	15 - 1366	AA776789, AI190772, AA428791, AI025500, AI219913, AW082984, BE241726, AI219933, AA628326, AW204939, AI698565, AI809744, R28215, AA913953, BE242686, AA477200, AW505434, T12580, AL157938.22, AK024434. 1.
HHGBO91	249	520198	1 - 701	15 - 715	AA363260, AW063936, AI343123, AI648433, BE386324, BE409452, BF793428, AV738722, AV740060, AI284640, BE139358, AI612152, AL046409, AI254798, AV756074, AV712125, AV756848, AI061313, AW965518, AI284881, AI284888, AV757334, AI890348, AV760395, AI612032, AW303196, AI963720, AW301350, AV725431, AI306232, AW021774, AW021917, BE252421, AU152795, AV710482, AW274191, BE744242, AW274349, AW962942, BG249643, AI251576, AI583466, BF678427, BF980463, BF243118, AW504022, AW501806, AL048255, AV682003, AI254540, AI224184, AA747889, AW504104, AI349748, AI275328, AI251250, AW504480, AF074677, AI311505, AI064864, AA744001, AI610603, AI801205, AA572992, BF337291, H98660, BF673630, AW238583, AI053786, AA496901, BF917533, AL138455, AI590522, BF325535, AW499745, AW961593, AP002347.3, AC011475.6, AC004150.8, AC005231.2, AC005368.1, AL139100.9, AL096840.25, AF196969.1, AC007314.3, AC008760.6, AL132780.5, AL034372.33, AC016587.7, AL133163.2, AL133517.11, Z83826.12, AC005280.3, AL163032.3, AC019205.4, AP001716.1, AF111168.2, AC090939.1, AL096701.14, AC004965.2, AC005520.2, AP001726.1, AC004983.2, AJ400877.1, AL022476.2, AC006480.3, AC011464.5, AL096791.12, AL022326.1, AC006285.11, AC004638.1, AC007664.12, AC005701.1, AC008403.6, AL139809.16, AL139316.5, AC021999.4, AC005052.2, AC073657.5, AL121655.1, AC018711.4, AC007256.5, AL445483.13, AL137792.11, AL035683.9, AC004815.2, AL138849.12, AC011446.6, AL035587.5, AC003982.1, AL049761.11, AC004166.12, U95090.1, AC010530.7, AC000052.16, AC010319.7, AL139376.17, AC020754.4, AL356214.20, AC084865.2, AF254822.1, AC016772.8, AC083866.2, AC008946.6, AC004755.2, AC007386.3, U91321.1, AL049776.3, AC005089.2, AC011742.3, AC018808.4, AL033529.25, AC009086.5, AC002425.1, AC005736.1, AC005291.1, AC020928.6, AP001727.1, AC044797.5, AL360169.17, AC006530.4, AL355385.15, AC003070.1, AL031727.42, AL109797.18, AC007374.6, AC005295.1, AC006345.4, AL035458.35, AC006483.3, AC007114.7, AL450226.1, AC040160.4, AC008806.4, AC009501.3, AC007172.6, AC004148.1, AC008521.5, AL022336.1, AC008440.8, AC006001.2, AL135978.4, AL109743.4, AC008622.5, AC004033.3, AC024561.4, AC004475.1, AL139415.10, AP001728.1, AC020915.6, AC011465.4, AL139113.21, AC022007.3, AL080242.11, AL121652.2, AL049539.21, AC009060.7, AC008738.6, AL050335.32, AC027319.5, AL355392.7, AC007766.1, AC011484.4, AC021016.4, AL049569.13, AC012476.8, AC010311.8, AL035405.10, AL031005.1, AC004019.20, AC002565.1, AL031597.7, AC005971.5, AC079602.15, AC006064.9, AC005288.1, AC005015.2, AC002470.17, AL451125.7, AL008721.1, AC005077.5, AC006330.5, AC010326.6, AC034193.4, AC006329.5, AC008482.5, AC073138.3,

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HHGCM76	250	662329	1 - 697	15 - 711	AW248957, BF828801, BF828604, AI675194, AW028119, BF826770, BF827069, AW452880, AI491913, AI799880, AW450970, AI377883, AI201976, AA595164, AI088096, AW612440, BE792795, AW006952, BF063362, AI697133, AA643065, AA580017, AI819005, AI866931, AI560641, AA635584, BF446220, AI829011, AW952316, AL524066, AW243832, AI200458, AI634449, AI670745, AI269568, AA326815, AI873666, AL523219, AL520944, AI478177, L31980, AW245254, AW194690, AW771866, AI767850, AW079488, T87766, D45523, BE242113, AA055697, AI306732, AW275312, BE280419, AI908657, R48473, AA013188, AI908646, BG250796, BE796614, T72628, BC002980.1, AC003665. 1.
HHGCQ54	251	544615	1 - 861	15 - 875	AL528163, BG252074, BF529806, BF855582, AA234290, AW264333, AI122942, AW293770, AA458524, R41805, AW338445, AW264239, AI091253, AW316552, AA454605, AI459366, BE299516, BF856403, R42539, AI698643, AI082503, BF436761, AI673224, AI864282, BG222925, F11117, AW293131, AI446586, AW029153, AA568555, AI123718, AI352145, AA234190, BG251585, AI459970, R41441.
HHGDF16	252	579890	1 - 876	15 - 890	AI365221, AI701000, AW954119, AW264473, BF344449, AI680921, AI492007, AW014989, AI860823, AI539819, AI473662, AW628976, AW276150, C75362, AU152947, AA167428, AI559629, AI811077, AI039475, AI656542, AI284462, AW590370, AI431949, AI656530, AW148492, N67246, AI915180, AA907555, AA047467, AA478729, AI365222, AI242862, BE018520, AA834839, AA412178, BE302119, AI823337, BF671770, T61838, AW007865, AA905198, H08613, AI382420, AA776507, AA385375, T94765, T94766, AA047401, N53320, AW890140, BF949155, N83376, BE883645, AV701945, AV704429, AW890022, AW898540, AV702726, AV703584, AV703624, C01033, AV702464, AW890015, AW956618, AV655824, AV708871, AV729091, AV704729, AV656250, AV655597, AV701800, AV705652, AV703976, AV707059, AV705178, AV661490, AV727054, AV701616, AV709625, AW956781, AW964267, AV706912, AW890016, AV709236,

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HHGDW43	253	554613	1 - 1036	15 - 1050	AU122180, BE070260, BE070199, N47096, AA633840, N50530, N49396, W00508, AC079353.5, AL122002.16, AC004506.1, AK022355.1, AC004808.1, AC002112.1, AL355334.26, AL137003.12, AL157893.16, AC005084.1, AL136116.11, AC020613.33, AL160237.4, AL109954.15, AL589684.7, AC021699.5, AL022150.1, AL138773.4, Z83848.1, AL390035.10, AC008269.4, AC016770.10, AC007132.3, AL356213.10, AL132656.14, AL139332.8, AP000679.5, Z83820.1, AC016941.9, AL358975. 8.
HHPDX20	254	610321	1 - 1147	15 - 1161	
HHPGO40	255	1299927	1 - 988	15 - 1002	BF936014, BF926087, BF849807, BG059559, AA663575, BE464797, AL137451. 1.
HHPTJ65	256	490904	1 - 501	15 - 515	AL533025, BE464963, BF110244, AW085558, BF110283, BE348401, AI343272, BG149420, BE327679, AA719308, AW298394, AA425555, BF939779, BE669809, AI356804, AA719641, AA928881, AI458306, AA928875, BE221905, AI304915, BF064266, W52908, BF433114, R43953, AA235409, Z38804, AA890287, AI928712, F02482, BE503857, AW470411, BF940932, N63308, AW023387, BG149175, BG150134, H87740.
HHSDX28	257	553494	1 - 1099	15 - 1113	AA548981, BF835253, BF835251, AA854044, AI784057, AL034420.16, AC006060.1, AC025470. 4.
HILCF66	258	636025	1 - 1654	15 - 1668	AW866442, N50805, AW769075, BF836507, AI206345, BF840986, AA708926, AA426062, AU155280, AW866532, AW769542, AI652458, AA258053, AA532374, AW674310, AI079267, BG178864, AI918893, AI583381, AI129768, AU160789, AW151099, AI375855, AI077465, AI434984, AI084577, AA353483, AI803071, AI978803, AA435860, AA625163, BF437117, AI093544, AI016100, AI951676, AI684966, AI479709, AA502596, AA075493, AI224122, AA531263, AI865571, AA424807, AI337861, AI275719, AI784447, AI393782, AA045896, AI798537, AW627862, AI362624, AW188737, AI587550, AI583574, BE242408, AI951273, AA135691, AW514022, AI262711, BF939682, AA135723, H06916, AA398860, AI583554, N93804, AI707963, BF843408, BF843416, AL522362, AA625925, BF738648, AI919121, T98717, BF059218, AL526660, T98661, AW022094, D19802, AA887448, T25800, BF950460, AL529899, AA654911, W44832, AA426475, BF773449, AL529900, AA495877, AK023371.1, BC000630.1, BC000904.2, D14663.1, AF215935. 1.
HJACG02	259	1307789	1 - 561	15 - 575	AA311223, BF002026, N41594, N30820, BF982046, AI829327, BE047833, AI457369, AW071417, BF968205, AI340627, R36271, AL036980, BF061283, BG168549, AW022682, BG034550, AV682418, AL047042, BF343172, BG113299, AW020693, BF751308, AI452560, AI690748, AI349645, AW946806, AI340511, BF924882, AW074869, AW196299, AL038445, BE781369, AW302992, BG110684, BE887488, AL514193, AI310575, BG164558, AI340533, AI349957, AI433384, BF680133, AV715560, AI309401, AI345005, BG163618, AI343112, AV743962, AI826225, AI811785, AI494201,

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HJACG30	260	895505	1 - 1518	15 - 1532	AA311188, BF940968, AI478697, AA309875, AA481249, AL533052, AA481563, AW242463, AA760629, AV651897, AV660258, AV661286, AV709580, AV653353, AV726590, AV703632, AV725255, AW960067, AV705453, AV726243, AV652001, AV704144, AV726194, AW956292, AW949777, AV708520, AV727618, AW959858, AV656283, AW967329, AV727932, AV728953, AV725582, AV708786, AV708872, AV661369, AW952013, AV705340, AV704234, AW965148, AV726156, AV705836, AV708991, AV725618, AW952301, AW958796, AV725596, AV709248, AW959986, AV726337, AV709407, AV728355, AV725031, AV707948, AV725441, AV729424, AV652528, AV725577, AV707556, AV704626, AV702071, AV706223, AV705665, AV704785, AV728404, AV709733, AV729366, AV708320, AV705343, AV727822, AV707264, AV704611, AV729473, AV702738, AV725321, AV690930, AV728743, AV727978, AV727337, AV727562, AV729129, AV704712, AV701953, AV727052, AW955629, AV729532, AV704520, AV706964, AV704973, AV702817, AV705504, AV709356, AV704279, AV705829, AV702164, AV701880, AV701626, AV707401, AV704756, AW955019, AV701183, AV728289, AV708203, AV703591, AV697880, AV647941, AV703417, AV753624, AW963446, AV654035, AV709935, AV726628, AV707654, AV706290, AV655552, AV654282, AW949521, AV709880, AV709939, AV705189,

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HJBCU04	261	877643	1 - 1178	15 - 1192	BE559708, BE560064, BE561205, BE396781, BF975879, BE559864, BE267986, AW964091, AW084454, BF796667, AI339413, BG106279, BF663626, AW964099, AA714519, BE267607, BE396583, BE267550, AA568144, AA312661, AW135205, AA767738, AA311112, AA252797, AA310964, AA977844, AA835549, AI832051, AA357111, AW971671, AA356801, AA746595, AI368885, AA380418, AA827647, AW407267, AW404968, AJ010059. 1.
HJBCY35	262	719729	1 - 1545	15 - 1559	AL518865, AL526445, AL518864, BF690211, BE795952, BG261247, BG122941, BE871131, BF342499, BF797882, BG034854, BE874386, BF684303, AW958340, BF055513, BE265238, BF055496, AL042954, AL044311, AW393087, BF590235, BE251517, BF688851, AW500006, BF750912, BF436031, BE207255, AI523943, AI809559, AW615714, AI088845, AI199469, AI088821, BE792741, AA707004, AI393362, AI859578, AA864359, AI359119, AI963339, AA259086, AW027379, AA186786, AA703021, AA305929, AA393356, BE729570, AI961726, AW274049, AI216448, AW503180, AW505339, AI015694, AA291342, AI049539, AW873566, AI092749, BE410341, AI817912, AI870620, H44330, AI366215, AA258242, R46300, R16949, AI744596, R54656, BE386449, BE410337, AI807057, AW081887, AL041401, H15972, BE710574, BE410414, BE535502, BE222788, AA398688, AW273864, AA404987, D59795, AA077661, BE047327, T10451, AI871075, D59810, AI368575, BF526818, AA962247, AA335735, AW000813, BF435172, AA188015, R75708, AA329264, BE713106, AI218840, AA329538, AA291343, AA826970, T35806, R10855, D59833, D59821, BE547124, D80231, AI080034, AA299767, BF203222, AI908002, AA973311, AW087244,

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HJMBI18	263	545492	1 - 1007	15 - 1021	AI928477, AA527494, AI871626, AI694451, AI613494, N21002, AI630897, AI609811, AA987612, AI373242, AA595033, AW271584, AI858763, BF111620, AW975076, AA281453, C06206, H85386, C05666, AL536332, T23579, R22308, AI125182, AA488619, AI914281, R45226, R37773, Z40129, AA658001, N66912, N78467, BE778573, AA211234, AL119049, AA928812, AC007622. 28.
HJMBM38	264	545752	1 - 1010	15 - 1024	AL518937, AL518938, BE410807, BE298018, BF663486, BF664523, BE741022, AI471526, AI624274, AW006720, AW072426, AA548389, AI805053, AA649964, BE295825, AW013989, AI889549, AL525865, AI380679, AI142829, BE796333, AI968598, AW006482, AI937663, BF475729, BE645645, BE958622, BF872663, BC002598.1, BC005015.1, AK022244. 1.
HJMBT65	265	596795	1 - 607	15 - 621	AW952560, BG168943, BE467261, BE177934, AW069580, AI890128, AW273443, AI744746, AI379922, AI522079, AI032260, AI279840, AA281064, AI879924, T66144, H11614, AW194179, AI085109, R55392, AA335275, BE178118, N99235, AA257070, F09767, AA257163, AW972958, BF769935, AW293807, C02264, AA988919, AA357316, AI699614, BE936621, R47297, BF037710, AW881403.
HJMBW30	266	491209	1 - 870	15 - 884	BF689071, BE747537, AI922821, AW170567, BE906428, AA494514, BE879640, AI815043, BE673226, AI420757, AI751544, AI587576, BE223099, H28718, AA939115, W57617, AI143025, AA291927, AA291926, AW183956, AI587557, F26397, F29408, AI127566, AI565236, AA661632, BF765308, BF338229, BG034851, AW883883, BE774322, BF808197, AA211229, AC013356. 8.
HJPAD75	267	651337	1 - 1217	15 - 1231	AL530365, AL524811, BG035149, AL524846, AV653215, AL525028, BF031163, BE464161, BF064198, BG057645, BE677690, AV714679, AI954819, AA708718, AA773040, AW206827, BE677490, AW590005, AL522800, AI075390, BG179367, AI933314, AA022693, AA563665, AI582700, BF591973, AI933036, AA011394, BE463890, AI304827, AW467513, AI675049, N47573, BE537595, AI075392, AI346305, AL514603, W26975, H02832, AI290715, AA535130, AW137781, AW298065, BF927479, AA917670, AA011431, AL530366, AA974770, AA535120, AI497684, AI277012, AI274193, AL514604, AW297638, AW779938, AA356778, AW067366, AL524812, AL524847, BF763877, AV652546, H03723, F09604, F09318, H83110, AA216050, AW573003, BF926201, AI572540, AL525029, BF092250, D80466, AI940747, AK027129.1, BC008984.1, AF043945.2, AL163284. 2.
HJPCP42	268	1040297	1 - 1209	15 - 1223	AA780037, AI022797, AI023991, T86767, AL046060, T86675, AW867242, BF154952, AW966053, AW966054, AV724520, AW975618, AW949656, AW978634, D80038, AV719783, AV718800, AV719188, AV720464, AW966013, AW966534, D80195, AW975621, D51799, AW966531, D80193, AV718844, D80166, AV720211, AW966041, AV719822, AV718692, AW966062, D58283, AV719468, AW949654, D80227, AW959570, AV699927, AV723927, D81030, D59619, AW949658, AV719324, D80210, D80391, D80240, D51423, AV718770, AV699447, AW959597, D80253, AV718489,

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HKAAE44	269	564406	1 - 1480	15 - 1494	AL520657, AL520658, AL522597, AV681522, BE548729, BE899593, BE790785, BE792835, BE732295, AA034095, BF207081, BG104235, BG248527, AA099014, BE797840, BF149380, BF529516, AA443460, AA521261, BF128722, BE262937, BF149417, BE560958, BG231704, AI380466, AV708717, AL522596, AI601258, BE279990, BF972266, AI922591, AI568423, AA521360, AI340192, AA576296, AI018766, AI292077, AI149390, BE222604, N26097, BF683179, N56989, AA156490, AI751520, AI362844, AI092927, AI885624, BE409895, AI554676, AA443342, AI144510, AI361418, N39813, AW073509, AI300469, AI302840, AA054959, AA134109, N26662, AA836018, BE546367, AI660772, AA045420, AI763377, BE559954, AA999788, AW262496, AI148818, AA576417, AA961788, AI918062, AA045314, AA156140, H23879, N36737, AA887768, W01353, AA420615, AA102403, AA099091, AA055421, R40598, AI686531, BF222554, AI421021, AA363039, H47023, H42173, AA811052, AA631072, H85513, AA130256, AI969959, AI093973, AA702964, N62818, AI826514, AA443329, AI632688, AA357703, AI470639, AI918816, AI472869, AA829362, AI868052, AA809432, AI186580, AA568573, AI241611, H23880, AI216887, H46484, BE265435,

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HKAAH36	270	1352332	1 - 1202	15 - 1216	BE899189, BE747860, BE898407, BE898385, BE745465, BE388198, W73168, BE742856, AI002163, AW820357, W73140, BF513278, BE393948, AA862032, BE742548, BE272355, BF035167, BE746400, AW380655, N80762, BF033594, AW105502, W68496, AA292366, W68361, BF514439, BF350313, BE075958, AA394040, H43923, BC008036.1, AF168768.1, AF243527.1, AF135028. 1.
HKAAK02	271	589945	1 - 845	15 - 859	AA552324, AA367607, AW827115, AL042753, AW772536, AV733824, BG122481, AI610645, AL042382, BF339483, BF792469, BE965355, BE965758, BF970990, AI686552, BG120816, AL042544, AA640779, BF339333, BG110517, AW967257, AI567351, AW089572, AW169653, BF885675, BF828567, BF339322, AV758110, BG257535, AV698087, BE965432, AV760391, AI696626, AV751784, AI446373, AI872914, BE781369, AA613907, BG164558, AI801325, AL042538, AW074993, AI349614, AV652027, AI312152, BE544111, AI612759, BG112879, AI345735,

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HKABI84	272	565078	1 - 1224	15 - 1238	BE908972, BE871345, BE969781, AU127317, AW665494, AI650586, BF699086, BF432884, BF241722, BF087758, AI923936, AW271402, BF058229, BE349336, AA483696, BE504564, AV753084, AI553984, AA934906, AU148404, AU125401, AA521022, N53984, AI079322, AW015810, AA481668, AU120404, BE836738, AW959428, AA478921, AI341198, BF086194, AI559514, BF095983, AW439579, R78314, BF086179, BF992216, BF992222, BE930087, AA149227, AW627942, BF992221, AA831360, BE858967, AA300892, BF095985, AI909338, BE930086, AA331631, AL079584, AA971728, BF526589, T27345, AA515943, AW894981, BF086178, BG255010, AB007885.1, AC023426. 29.
HKABZ65	273	862030	1 - 1175	15 - 1189	AA715814, AA503019, AV762033, BE155099, AV734997, BF917346, AW338860, AC011666.28, AF242518.1, AF109907.1, AC004867.5, AC020917.4, AC004166.12, AL356915.19, AC005071.2, AC004878.2, AC005052.2, AC005081.3, AC002549.1, AL590763.1, AC020663.1, AC006064.9, AC008745.6, AC004858.2, AC022405.5, AC007666.12, AC008750.7, AL451144.5, AP001716.1, AC009131.6, AC004656.1, AL109825.23, AL355312.24, AL035086.12, AC010605.4, AC004067.1, AC004477.1, AC008736.6, AL109915.10, AC006023.2, AL033529.25, AC007637.9, AL139317.5, AL031311.1, AL049776.3, AC004971.3, AC009220.10, AL080243.21, AC005015.2, AC004686.1, AL022318.2, AC002310.1, AC009123.6, Z93015.9, AC021999.4, AL355353.23, AL050318.13, AL161756.6, AC011464.5, AL132712.4, AL359513.12, AC007546.5, AP001695.1, AL035683.9, AC018711.4, D87675.1, AL133444.4, AL139100.9, AF030453.1, AC006077.1, AC008895.7, AP001713.1, Z84487.2, AL357153.4, AL163636.6, AL359382.23, AC004770.1, AP001972.4,

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HKACB56	274	554616	1 - 482	15 - 496	AI935239, BE122852, U51140, BG121875, BF970449, BE879967, BE545287, AI311480, BF968910, AI207454, BG031442, BF815930, BF792050, BF339322, AI924051, R99209, AA669025, AA505147, AA806160, AK026797.1, BC000650.1, AB060839.1, AL133557.1, BC009192.1, AL136622.1, AB048888.1, AL512754.1, BC002485.1, BC004908.1, AF004162.1, AL358532.11, BC004181.1, BC006251.1, AK026603.1, AK000647.1, AK024974.1, S69510.1, BC008823. 1.
HKACD58	275	1352202	1 - 3139	15 - 3153	AL528271, BE513051, BE874633, BE727126, BG119953, AA877796, BE897630, BE616928, BE873485, BE409112, BF568632, BE886189, BE890308, BE259677, BE389188, BE386943, BG033053, AW957771, AW880570, BE389298, BE782739, BE042596, AI829975, AW027434, AI335269, AI525602, BF382771, AA495894, AW402301, N46240, BE735624, BF887879, BE258030, AI819188, BE349022, AW008354, BF509970, AI683541, H38504, AI365603, AA178917, AA180758, BE812358, BG250135, BE874703, AW390227, BG029976, BE812223, AA354527, AA178918, AI204915, AW194439, AW390207, BF875432, AA425001, AW368379, R88102, BE932912, BF511057, BE932910, BE301126, BF912732, AI360437, AA370005, BE764970, R69656, R53778, BE830394, AA134615, BE697358, R54897, F37313, AL536107, AI280553, F34525, BE171591, AI524965, AW880505, F27458, AI193372, R55008, AW339374, AW999021, BF885645, AA227281, BF799341, BE410974, R55146, AI651533, AA355898, AA149032, H21738, BE937883, R78049, T74386, T27237, R69572, H22354, AW946340, AW169264, AI630501, AI699781, BG001443, AA343322, BF932030, AI971329, BF813656, AI096656, AI367032, AA380842, AL138431, H22385, BF929569, T50676, BE393507, D29121, AA668973, BF934053, BE206656, AI620083, AI493047, AI872461, H29733, BF793181, BC006159.1, X80590.1, AL050037.1, AC006457.3, AC006455.2, BC000224.1, AF075046.1, AL117382.28, AC009242.5, AC002565.1, AC009314.4, AC011005.7, AC007934.7, AP000547.1, AL442096.1, AC083866.2, AC008551.5, AC020550.4, AC002365.1, AF001548.1, AC008073.4, AC005225.2, AL590762.1, AC010792.4, AL365332.9, AC004491.1, AC004686.1, AC004551.1, AP000744.4, Z84480.1, AC005484.2, AC006236.1, AC005622.1,

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HKACH44	276	545015	1 - 672	15 - 686	BF341755, BF791960, AA877614, AU153686, BF340330, AI199494, AW004725, AA628899, AI042456, N74995, AV753372, AI916084, BF437469, BF446199, BF509743, BG035423, AI563977, AI276433, AI953416, AI659007, AI351215, AW769176, BF448885, BE042362, AI401836, AI440396, BF337499, BF970652, AA504557, BG164558, BF816037, AL515323, AI633125, AI670009, AI433157, AI702073, BF812431, AI500061, AW834302, AI637584, BF812961, BF792047, AI815232, AI471909, AL513991, BG166654, BE966278, AI687362, BF856017, AI929108, AW090071, AI915291, AI887308, AI866770, AI698391, AW163834, AW198090, BF814450, AW087445, AI345587, AI889189, AL110306, AI863241, BF856052, BG107844, AL515413, AI283760, BG110577, AL039086, AL514025, AW148363, AW073865, AI612852, AI580435, AW190194, AI270183, AI582932, AI521560, AW131331, AI249946, BF970768, BF726421, AI826636, AA928539, AW935969, AL515089, BE965432, AI473471, AV682414, AL036780, AW268302, AI345415, AI890223, AI796743, AL513999, AI274759, AL514579, BF103225, AW827289, BF339322, AL514867, BG108288, AI678496, AI677796, AW130776, AL513817, AI653979, AW673679, AI288285, AI587114, AI932794, AL119836, BF724894, BE964614, BF904180, AI445992, AW301505, BF885082, AI912356, AL042745, AI340519, AI249877, AL513937, AW169671, AW192652, BF680133, AI434468, AW806761, AI699056, AA259207, BF813196, AV757827, BF791937, AI801325, AI564719, AW152182, BE965621, BF904194, AI242248, AA420722, AW118518, AI768496, BF868489, AI890214, BE965599, AI349772, AL513577, AI797908, BF348329, AI864836, BF814412,

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HKAEV06	279	1352263	1 - 2482	15 - 2496	AU133136, AV762150, AW967049, AI114751, BF678978, BF698605, BE536006, AA317243, BE748143, BG163940, BE789994, BF724673, BG231175, H06819, R19670, AA081581, BF129960, AA334334, H26678, BF332901, BE159061, BE159060, BE159062, BF818584, BF819690, BG115835, BF986034, BF819681, BE872393, BG236735, AL118991, AA515224, BF822777, AW872676, AW630298, AI291124, AW872575, AI801482, BE677379, AI801591, AI873916, AI017024, AW794809, AI291268, AI061296, BE883501, AW467340, AA482681, AI200051, AI245679, AW467362, AA525790, AV681599, AV760191, AI192631, AA620411, BE677026, AW473163, AW102849, BE042475, AV738303, AV715162, AA348017, R97934, AV761745, AV764609, AV761286, AK001708.1, AK000169.1, BC008120.1, AL035246.13, M13254.1, AC003681.1, AL022238.1, M87917.1, AC005779.1, AC011495.6, AC004918.1, AF045555.1, AC005757.1, AC022148.5, AC000085.5, Z70289.1, AC004926.2, AF085444.1, AC007570.23, AC007066.4, AP000513.1, AL139100.9, AC005089.2, AL133387.8, AC011442.5, AB023052.1, AC000052.16, AC005104.1, AC009225.3, U67828.1, AC005484.2, AF254822.1, AC004477.1, AL022721.1, AC004159.1, Z99128.1, AL356481.16, AC007021.3, AC006530.4, AC010642.5, AL355497.14, AC005940.3, AL049757.14, AP000744.4, AC010506.6, AL034451.26, AL139317.5, AC018828.3, AL080317.11, AC011500.7, AC022383.3, U63721.1, AC011464.5, AC007536.9, AL359457.12, AC004854.2, AC009412.6, AC011497.6, AC005057.2, BC004147.1, AL035681.13, AL356499.16,

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HKAFK41	280	545018	1 - 535	15 - 549	AW731712, AI984229, AW467342, AW304765, BE877315, AW083191, AI751170, BF968461, AA130811, AI698682, BG104768, BE504315, AL515743, AA628399, AL515742, BE890543, N50073, AA171899, N49092, BE897480, AV739544, AI698019, BE875495, AW612114, BE872122, BG105488, AL514280, BF839730, BF961737, BE172618, AA826581, AI743618, BF351788, BE502704, BF909218, AA249816, AA723906, BF541035, BE674507, AA625850, AV661774, AV661759, BC000194.1, AK027421.1, AJ271091.1, AL137412. 1.
HKAFT66	281	946512	1 - 987	15 - 1001	AA436785, AI804932, AA310516, AW966935, AA873013, AA251417, AI798761, AA250867, BE720668, AW827206, BG122481, AI826225, AI811785, AI539808, BF970449, AL039086, AW983783, AI554821, AI784252, AW105601, AV708119, AW054931, AV727839, BF968205, AL119863, AI280747, AI611738, BE047737, BF970768, AW193134, AW118518, BF904265, BF089711, AI610362, AL042628, BF793370, AL036980, AI312428, AA833760, AL513763, AI829327, AI433384, AI589267, AI269862, AI564723, BG031539, AI624548, AW302992, BG260037, AI802542, AI569583, AW169653, AI800453, BE048071, BF792961, AI439717, AI567612, AI611348, AI869367, AW081797, BF343172, BG031815, AL038605, AI570781, AW051258, AL513901, AI802240, AI274728, AW071417, AI571909, BG249582, BG257535, AW152469, AI612885, AW022682, AW148320, AI569579, AI252023, AI608936, AW075413, AI500077, AI318280, BE781369, AI636585, AI251434, AI862144, BG255895, AI890806, AI625094, AI955906, AI309401, BG110517, AI431424, AI343112, AI612913, BG110684, BE895003, BG168549, AW268253, AW301300, AI349598, AI554344, AL036664, AW075207, BE886728, AI345735, AI678357, BE964078, BF872670, AI475394,

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HKDBF34	282	833065	1 - 1418	15 - 1432	AV652853, AV653898, AI792241, AI793025, AW242855, BF940314, BE048959, BF589928, AI767568, AA999850, AI911520, AW612416, AI765078, AI373739, AI793193, AI985237, AW779364, AI433883, AI478325, AI671437, AI613056, AI253234, AI524824, AI650909, BE465778, AW299600, BF211834, BF431418, AI431850, AA131483, AI470468, AI473091, AA345162, BF031348, AA065156, AA076448, BF212565, BE501448, AA282824, AL134259, AI862043, AI801088, AW880037, AI239701, AL120446, AA159625, AI520946, W45039, BF840674, AL035890, AW020619, AI741637, AF229179.1, AC003669.1, AL583915.1, BC006103.1, BC003591.1, AK025099.1, AL136784.1, AL137550.1, AK025117.1, BC008686.1, BC000534.1, AK025435.1, BC009398.1, AF232009.1, AK026762.1, BC007347.1, X15132.1, AF091084.1, BC002515.1, BC006410.1, AL080234.1, AL442082. 1.
HKGAT94	283	762811	1 - 1034	15 - 1048	AI521417, BF991903, AI868973, T84785, AW273454, AA601327, AW753508, AA601278, T91114, AI821044, AI571543, AI791227, BG032943, AV758944, AV722075, AA055800, BF346320, AV753973, AW600804, AU148047, AU117305, BE075868, AU140392, AI734144, BE883679, AL041706, AW969824, AV760502, T74524, AV760154, H07953, AV763538, AA613164, AA683069, AF236698, AU144517, BF854333, BE731411, AI609972, AA904211, AI583468, AA601630, AW938345, AV742485, BE885138, AI628859, AI084012, AW020088, AA515728, AV760014, AA613627, BF872337, AL037910, AW274078, AW274191, AL134330, AU118837, AA287618, AI306232, AI801141, AA601294, AI251576, BF346590, BG055660, AV710214, AI583466, AW664487, AW163763, AA805841, AU119532, AI253987, AA829065, AW962035, AL042906, AW162697, BF058000, AI249688, AW845366, AW832962, AI491765, AW502873, AA664604, AA084609, AA829036, AW275432, AI962030, BG236801, AI267356, AA565006, AW193265, BE301584, AW502949, AI244127, BE153007, AV720457, H73174, AI347810, AI865213, BF108874,

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HKGCO27	284	601969	1 - 1007	15 - 1021	AI499498.

HKISB57	285	625956	1 - 1478	15 - 1492	BG253059, AI888563, AW083174, AI890983, BE677527, AI742994, AA581853, BE208188, AA496043, AI749573, AI433172, AA912116, AU152415, AU151244, AA526295, W72233, AI708515, AA029171, AI289783, AA147482, AW001857, BE744941, BF851250, W76470, AI148076, AI619715, W32695, AI973179, BF856405, AA086231, AI536682, AI244167, AW205328, AA112137, AI015550, AI159953, AA449234, AA449289, AI886087, R48602, AW974749, R48705, N57904, W73612, AA515533, AI095398, AA086322, AA554446, AA317019, BE019888, R07096, AA894669, AA112027, T96414, AA923651, T96497, AI581984, AI093238, AW084446, BE834394, T65129, AA100811, BF767404, AA652428, W32694, AW364698, BF371383, AW390788, AI903419, AI903380, AI903350, AA300051, AW886927, H55267, AA029067, AA588851, AA588463, BF931116, BE646329, AW514396, T65909, AW578218, AW800794, R07042, AA625855, AA663955, AA687595, AI581808, R76016, W22074, AA043407, AA436950, H39017, BF814527, AI824576, AI702073, AI698391, AW080090, AI633062, AI608936, BE786043, AI358213, AI306705, AW983832, BE963838, BG179993, AW051258, AI677796, AW051088, BF856017, AI932794, AI366900, AI352497, AI889189, AW983829, AI270183, AW163834, AL514731, AI434468, AI812015, AI249877, AI679672, AW118518, BF812960, AI284131, AW029611, AI468872, AI699011, AI927755, BF792961, BE966388, AI886753, AW827289, AI564719, AV743962, BG108406, AI567846, AV741327, AI573060, AI783504, BG112718, AI620284, AI866770, AW198075, BF032768, AW083778, AL514899, AI611738, AI280732, AI619502, AI680162, AI802542, AW081255, AI280607, AI499285, AI570807, AW004886, AI452560, AW026882, AW151136, AI923370, AI627988, BF812938, AL118781, BF970652, BE789764, AW104724, AI670009, AI863382, AI433157, BE543089, BF812961, AI452993, AI624548, AI659795, AW079572, AI860783, AI633125, BF812426, F27788, AW089179, AI673785, AI915291, AI354998, AW152182, AI537024, AI917252, BE967261, BF725599, AW080746, AL120853, AW129659, AW163554, AI537677, AI499890, AI612852, BF526020, AI174394, AW192461, AI613270, AW105620, AL119863, AI520809, AI923989, AL036673, AI571909, AI803778, AI653979, BG036846, AW192687, AV682249, AL514357, AW839006, AI274507, AI632408, AI288305, AI635067, BG180273, AI612913, AL119828, AV682212, AI590686, AI435268, AI432030, BE048071, AI500588, AI628217, BE047606, AI637748, AW238688, BG029829, AF064238.3, AJ010306.2, Y13492.2, Z49989.1, AF115564.1, AF115570.1, AF115567.1, AF115569.1, AF115568.1, AL122098.1, AL137533.1, AB056420.1, BC006195.1, BC005858.1, AK024524.1, AL133067.1, AK025092.1, BC001045.1, AL137550.1, AL080159.1, AK026462.1, AK024538.1, AL512733.1, AL050277.1, AL389939.1, S61953.1, AB056421.1, BC008893.1, AL137294.1, BC001963.1, AL389982.1, AF026816.2, AL136844.1, AB060852.1, BC008488.1, Y14314.1, AF260566.1, AL136805.1, AL049283.1, AL512684.1, AK025209.1, AK026593.1, X82434.1, AK026542.1, X72889.1, AL137560.1, AL137271.1, BC004951.1, AB060916.1, AK026532.1, AF183393.1, AL137478.1, AL137556.1, AL583915.1, AK025484.1, AF057300.1, AF057299.1, AK000652.1, AF348209.1, AL353625.5, AK026480.1, AF218014.1, AF225424.1, Z82022.1, AK027213.1, AK027164.1, AK027160.1, AF056191.1, BC003122.1, AF111112.1, AB048974.1,

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HKMLK53	286	587269	1 - 1529	15 - 1543	AV719458, AI168335, AA694180, AA700192, AA779968, AW445200, AI367390, BE327620, BE465306, AI075829, BE815980, AA480872, AI435331, AA491269, AI753711, AA219131, AI493234, AI718133, BG109938, AL526433, AI952497, AI635921, AI370309, R49208, AW249915, AI204676, AW250053, AA449776, AW075396, AI337952, AI190404, AA700531, AI688030, AI004332, AA197329, AI879571, AI074890, AW572387, AA137248, AI355452, AW519052, AI478681, AI282138, AA102740, AI097219, AI609526, AW150814, AA973852, AW043962, AA227433, AI352182, AA516261, AW182467, AA079672, AW118786, AI609406, AA586497, AA151289, AA166704, AU149786, AA494521, AU153322, AI393847, AU160388, AI189817, AU152961, AA775355, AA494412, AA494431, AW591557, AA853974, AI520667, AA807464, BG011983, AI159903, AW169570, AA922404, H04787, AI129464, AI359443, AW118816, AI382986, N42954, AA907178, F11058, AI380119, AI926687, BG054937, AA577675, AA595867, AU144134, AU151041,

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HKMLM11	287	514788	1 - 940	15 - 954	BG036576, AW376266, AW024675, AW965560, AA946948, BE834077, AA306783, AV738527, AV739697, BF241514, AV740463, AA758808, AA431001, AA910368, AA336054, AA335971, AW237846, AW827285, AI050666, AV755459, AI583054, AA764946, AA459982, AI811603, AI683160, AV734888, AV721366, AA648361, BE397723, BF970114, AI336575, BF306639, F37462, AI872164, AV694812, AW301344, AA830333, AI633321, AA678887, BE876047, AV706721, AA563942, AI245332, AA653346, BE740632, AI360195, BG177101, BG026443, AA437293, AV698290, AV706279, AI933756, AW102858, AW022121, AV656973, AW582932, AW238753, BG110384, AI345143, AI224463, AA836317, AL047398, AL041154, AI814841, AI621106, AI436429, AI364620, BE620084, AI343119, BG109221, AA100151, BF796402, AV760181, AI349012, AI627692, AA765010, BE885490, AW021373, BG033906, AV756956, AV764180, BE011885, AI559654, AC005551.1, AF217998.1, U91329.1, AK026600.1, AF197929.1, AL137555.1, AL133093.1, BC007797.1, AC004227.1, U68233.1, AK027114.1, AL359583.1, BC007534.1, AL137662.1, X86693.1, BC002688.1, BC004145.1, AF217991.1, AK025549.1, BC005094.1, BC008196.1, BC006147.1, BC007280.1, AL512746.1, AK000632.1, BC000007.1, AF111112.1, X53587.1, AL136816.1, BC006481.1, BC001128. 1.
HKMLP68	288	1037919	1 - 2770	15 - 2784	AV700405, AI433307, AI478641, BF115123, AI566076, AI522321, AW272244, BE048940, AW771517, AV686299, AA931216, AI522047, BE048682, AW302179, BF593517, AI493025, BE465247, AI733508, AI253208, AW269237, AI493090, AA994816, AW194908, AI470525,

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HKMMD13	289	604751	1 - 929	15 - 943	R69692, AI254831, BE439823, AW473380, AW967329, AI582769, AI076062, AA079635, AU148170, U95737.1, AC072061.8, AC009032.7, Z84486.1, AF003529.1, AC008687. 4.
HKMND01	290	527402	1 - 873	15 - 887	BE049073, AI252114, AI792903, BE063133, AI734002, AI307426, AW301818, BE049088, AV740060, AV738722, AW105737, AW851028, AI200051, BE049095, AW406755, AW361583, AI054246, AV756693, AV758600, AI792864, AI733957, AA610491, AI334443, AI053816, AI252085, AL138242, AI358229, BF668217, AA501784, AI954260, AW966759, BE147093, AW303196, AW301350, AI254798, AW419262, BG014866, BF308728, AI431303, BG249643, F29989, BG010083, AV703137, AV701499, AV706025, AV759204, AW086257, BE147117, AV763540, BE139371, BF970654, AW950632, BF725504, AI246796, AI016000, AW074398, AW474160, AI216978, BF873504, AI349874, AA663306, AU122216, AW969988, AW905746, AV682003, BF761328, AV761745, AW833862, AV733328, BG167743, AI754689, AI654529, BF436771, AW500125, AI801205, AW970564, AI890348, AW962713, AI623720, AA441788, BF773305, AW069450, AW276984, AI963720, BE042649, BF808370, AV729809, AL138265, BE049139, AW021917, AV728425, AL040072, BF676536, BF681427, AV704740, AV701613, AW271904, AV701844, BG167139, AA557879, F36373, AV760466, AV710606, AW023389, AI281807, AF074677, BF337291, AW472872, AI569202, BF827410, AV761810, BF887156, BF917533, AV762645, AI365988, BE540527, AV705518, AU147488, AW963497, BE139267, BE205860, AV710482, AL046409, T06828, AL048616, AI754013, BE349302, AV703266, BG231767, AW339687, AV725423, AA394271, AU146189, AU145473, AI754955, BF908593, AI345695, AL118911, AW028429, AI635272, BG033926, AI285615, BE909262, BE744242, BE293802, AV729000, BF058000, BE304890, AL041690, BE293845, BF769461, AI753365, AV725974, F32705, F36273, AA555260, AV762395, AI281808, AI355206, AA128592, AW236342, AV763971, AA366035, AA501614, BG010931, BG152682, AW503666, AA932099, AA744001, AW576389, AA581903, AW970848, AI282336, AI151261, BF869171, AV740801, BF241967, AI370475, BG176793, AV763583, AA515435, BF916567, AW839174, AW979060, AV764329, AW064321, AC010727.6, AJ300188.1, AP000320.1, AL513128.11, AC002429.1, AL162374.8, AP000120.1, AP000167.1, AP000052.1, AC009502.4, AP000099.1, AP000036.1, AC010719.4, AC012306.11, AC009247.12, AC010601.5, AP001719.1, AC000360.35, AC006288.1, AC004460.1, AC002369.1, AC021016.4, AL445683.11, AC005221.1, AP001718.1, AP001479.1, AC024164.6, Z86061.1, AC004873.3, AF045555.1, AC004087.1, Z93022.1, AC087589.2, M37551.1, AL160411.25, AL359986.15, D83989.1, AC020658.6, AL390023.8, AP000314.1, AL450320.4, AB020870.1, AC017033.5, AC083866.2, AC004797.1, AC020751.5,

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HL2AC08	291	610018	1 - 1464	15 - 1478	AL514822, AV716855, BE797339, BE889786, AW993482, BE778704, BE784148, AI064951, AW993281, AV649573, AW993282, BF030967, BG171338, BG253627, AW992854, BF339378, AV716022, BF699835, BF036931, AA670112, BF672645, BF214975, BF208494, BE567595, AA356542, BE003103, BG250954, AA356578, AA913737, AI909198, BG114769, AA353906, AA263131, AV736179, AW674899, AA732423, BE907740, AA356577, R79616, BF696689, BE080437, R34190, T72824, AA206943, BF209735, AA318503, BF700002, N78351, BF034898, BF340141, BF799849, BF210023, BE874285, AA471271, BE706224, BF034728, BE003256, AL080080.1, AB048246.1, AL591807.1, AC011290. 3.

HL2AG57	292	695733	1 - 1766	15 - 1780	BE541697, AW955830, AI829139, AW264273, AW070588, AA872984, H06954, AI369038, AW134647, AA974445, AA902284, AI904699, H14753, BF110637, AW006498, AA970510, H06955, AW843696, AW885852, BF895113, AW243991, BF752088, AA306732, AW603435, AA333155.
HLCND09	293	1172046	1 - 1970	15 - 1984	AL524468, AL516965, BF341800, AU118258, AI832149, BF341727, BE910678, AU152725, AA253498, AA927669, AW136320, BF966942, AA284897, AI341987, AI375638, AI141878, AA410733, AA724418, AI656580, AA626359, AA633990, AA210941, AA480438, AI499844, AI498056, AW135997, AA595691, AA209463, AI804771, AI199374, AI278733, W52189, BG056386, BG056746, AA602519, AA253394, BF347961, AI189792, AI151483, AI242359, AI278938, AA456100, AI831279, BG036545, N51328, AA455603, BF841465, H22614, BG056059, R55869, AA496421, W96552, AA284720, T16865, BF341594, AI913942, AA904546, R55788, R90922, R87952, R87953, R25653, AW594694, T16864, AL524469, H20796, AI673432, BE262953, BF313400, AU130842, BE383565, AI954640, BE314810, BE262857, BE909511, BF929734, BE383513, BG036698, BE274853, AI631375, BE262592, AI380914, BF312256, BE262689, BF313886, BF530315, BE262731, BF315588, BF316121, BE277386, AW896204, AA969376, AI123164, T06607, BE262961, BG056600, R90921, AI355743, R27502, BF953012, AA338810, BE388421, R90911, BF954780, AW975618, AV718692, AV718489, AV742732, BG170993, AV724520, D51799, AW966053, AV699550, AW978634, C14429, AW966531, D80227, AV718800, AW966062, AV699927, AV722801, AV720731, D80038, D80269, D80166, D59859, AW973307, D58283, AV719822, D51423, D59619, D80210, D80240, D80253, AV719324, AV720211, AV719557, AV699447, D80212, AW959570, AV723927, D81030, AW949656, AW949642, D80195, D80188, AV719468, AW975621, D80219, AV720203, AV719188, AW949629, AW966534, D80391, AW960553, AW959628, AV719783, AV720028, AW965177, AW949646, AV718844, AV720464, AV718770, D59889, D59927, D80196, AW966054, AV718440, C14331, D80043, AW949645, AW949631, AW949643, AW949657, D80193, D80366, AV742048, AV721386, AW965158, AV741220, AW949641, AW949633, AW949632, AV720791, AW973447, AW959582, D80024, AW949653, D80022, AV700889, AV720812, AW959202, AW966013, D80378, D59275, AW966041, C75259, AV723097, AW978661, AW949658, AW959597, AW949618, AV742735, AV742001, AV701335, AW975605, AV701043, AV701332, AV701017, AV701248, AW966050, AV701431, D80045, D50979, AV738340, T03269, AW949654, AW949655, AW973541, D50995, AW966043, AV718633, AV720654, C14014, D57483, AW964468, D59610, AV645389, AV742667, AV645344, AV701125, AV718931, AV701166, AW960465, AW964488, AW964737, AW966022, AV700229, AV719628, AV699669, AV701443, AW959799, D59502, AV719049, AV699746, AV681510, D80241, AV681491, AV720220, BC009378.1, AL353953.1, AK023117.1, AF271371.1, X67155.2, D34614.1, D88547.1, Z82022.1, AF058696.1, AB028859.1, U79457.1, AB002449.1, AF188698.1, BC004265.1, BC003104.1, AK025084.1, AB048954.1, BC002386.1, BC006198.1, AL389935.1, AL117432.1, BC007852.1, BC003614.1, BC007241.1, AL117416.1, AK025209.1, AF061795.1, AF151685.1, AL137480.1, BC003052.1, AY034001.1, AL122123.1, AB050431.1, AL110225.1, AB050510.1, AL133049.1, BC001098.1, BC004196.1,

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HLDBE54	294	836041	1 - 1208	15 - 1222	AF250847.1, AL450382. 6.
HLDBX13	295	815665	1 - 1801	15 - 1815	AI632044, BF871813, BF747135, AW630757, BF873312, BF770534, BF813448, AI608881, AA101562, BE792267, AI687737, BF771639, AA513370, C75490, BF848642, AW999404, AA861308, AA890390, AA486100, AW190875, C75621, AW339937, BE871109, AW338261, AI799264, AI193265, AA149993, AI469580, AW936241, AI925871, AI002582, AI955238, AI333843, AA486163, AI241578, AA702259, T86963, AI263270, BE350662, AI093487, H57108, BE934125, BF747862, BF807059, BF813934, R01692, AA837819, BF849699, BE927881, AW936086, AA714224, BF984148,

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HLDNA86	296	135219 7	1 - 1332	15 - 1346	BF982559, BG034488, BE313144, BE794497, BE910635, BF314688, BG120997, BF969005, BF340441, BF306972, BF525733, BE875593, BF792430, BG030710, BE262728, BF315735,

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HLDON23	297	636083	1 - 1248	15 - 1262	AL529086, BE904120, BF337766, BF345489, AV706125, AI681123, BF002270, BF055322, BE856092, BE305227, BE219427, BF438375, BG149525, BF057786, BF590112, BF196165, AI741848, AI636347, AI973055, AI554720, AI871117, BE220195, AI745311, AW192924, AW340966, AA706712, AI091179, BF445900, BE645773, AI677802, AI889659, AI804323, AI688189, AW673266, AI298377, BE046787, AA535027, AW612722, AI830304, AW675294, AI139157, AW089901, AA410579, AW073842, AW316637, AA417232, AA416567, AI827376, AI372513, AA411560, AW001905, AI796719, AW673062, AI334363, AI085075, AI400032, AI452964, AA308319, AI888902, AI400560, T33187, AA877699, AI332395, AI372512, AA485507, AA017127, BG178589, R85136, AV705959, AL526358, BG056798, H94860, BF476221, AW016699, BF594282, R18537, AA988884, AI925753, AA993373, AW953175, W05059, AI263531, AA282629, F29641, R01402, AA625328, AA126985, AA354334, H58095, BE251679, AW662030, AI559961, AW337874, AA282410, AI014243, AI671403, R41526, AA485352, R43109, Z39066, BF925559, F04091, R01401, W04796,

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HLDOW79	298	847396	1 - 975	15 - 989	AA702685, AA470133, AI640188, AA442232, AA442756, AI566333, AI452429, AA442897, AW015092, BE222033, AA868769, AW300514, R01436, AA429745, AA705797, R00763, AA398423, H79642, BF087494, BG259284, AA252129, AI298508, AW272706, AA316913, AA705374, AW860285, BF913689, BE885241, AA641818, AA805708, N49165, AA665587, AL040011, AV682124, AI538564, BE047833, AW673679, BG028116, AI537643, AI564716, AI927233, AI954422, AA653252, AI494201, AA808175, AA746607, AL118781, AA693331, AL514093, AI570807, BF725644, AI633125, BF871314, AI582966, AW152182, AI537677, N71199, BE886291, AW079432, BF970652, AI096771, AW021091, AI829495, AV758806, BE974031, AA504514, BF836158, AI244105, AV656903, AI521799, AI884318, AW089275, BG107566, BF039003, BF812961, AI623662, AA928539, AW051088, BE048235, AW162118, AW020419, BE875959, AW160363, BF965053, AW088691, AI915291, AA888196, BG026969, BG105501, AI500061, AV682403, AI500588, BE047852, AL120853, AI623941, AI621341, AL041996, AI890214, AI254727, AW162194, AW022636, BF751288, AI365256, AI567128, BE876011, BG115134, AI886055, AW059568, AI859991, AV743129, AI669864, AA830596, AW088560, AI473536, BE790023, AI871703, AW167021, AI539260, BE906584, AI589428, AW327693, AA502794, AV757293, AI554516, AI433611, AL043070, AI345688, AI432030, AI150993, AI918408, BF525834, AI434731, AL046926, BG107834, AI698391, AI932794, AL036548, AI859240, AI702073, AI538850, AI699056, BG029086, AI473451, AI619820, BF997967, AI370623, AI889189, AI890907, AV682366, AI536685, AI824576, BG255493, AL514627, AI433157, AL513755, BF971001, AI274768, AW020095, BG113385, BF672397, AW080076, AL513901, AV746791, BF766529, BE786834, AV735890, BF055737, AV729336, BF814450, AW090071, BG113299, AA225339, F35882, AA732937, BF686473, AI540676, AI670009, BF814072, AW952456, BF038002, BF680133, AW880037, AI287862, BE881711, AI934259, AV703169, AI815232, AI678688, AA832154, BE909009, AW168705, AI811422, AI335411, AI910639, AI582932, AI872423, BE963954, BG117375, AI249389, AV727787, AI915295, AW004595, AI579901, AW827289, AI591310, AI521560, AI610667, AL514721, BE966699, AI690687, AI587489, AV681579, AI539560, AA834534, AI866469, AV734185, AW968336, AL042954, AI334445, BG164371, AW025943, AW079409, AA568405, BG027679, AI538829, AW198090, BG251435, AI783997, AI242246, AI522052, AI923989, AL048644, AW238688, AW083374, AI933992, BG252914, AI950877, BE966278, BF811804, AI440239, BF724894, AI887163, AI868204, AI738854, W74529, BE138941, AI471429, AI345417, AL513743, AI628331, BC002444.1, AF195092.1, AB049892.1, BC004181.1, AL136844.1, BC000714.1, Z82022.1, AK000418.1, AF132730.1, BC007680.1, AK024538.1, AL122100.1, S78214.1, AK000421.1, AL353956.1, BC003410.1, BC003052.1, BC002413.1, AL117394.1, AL137627.1, AL162085.1, AK024546.1, BC001967.1, BC004310.1, BC003122.1, BC009294.1, AK026389.1, AL136766.1, AF218034.1, AK025092.1, AL117460.1, AF227198.1, AL133559.1, AL137267.1, AL049283.1, BC001328.1, AF114784.1,

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HLDQC46	299	847397	1 - 618	15 - 632	AW274515, AA442374, AL522283, AI806931, AI928433, AI092561, AA628013, AI184518, AW262020, AW363180, AA729980, W92109, AL516443, AI436261, AA659720, AW340561, AI803297, AI802763, AA527556, AI186442, R77144, AW593087, AA953344, W91980, AI444603, R54966, AI799506, AI831001, F24469, AI934101, Z38258, AW451099, BE813043, AW956287, H00226, AI028279, AA649995, T35406, F35703, W23709, R71423, AA548429, AL530766, R77145, W35309, AL522284, N39838, AI940309, BF527253, H27628, BE896237, H44089, AF327923.1, AC006330. 5.

HLDQR62	300	753742	1 - 2558	15 - 2572	BE876197, AU133975, AW170131, AV723948, BG178057, AV652458, AW836234, AW608052, AA047046, BF104746, AA486037, BE395776, AW385580, AA488655, BE699041, AA932253, BG104619, BF671350, AA854943, AA418105, AA829456, AA243385, BE699051, BE936060, AI346694, AA418007, AA503398, AA053835, AW067836, AA878478, AI309218, BF820483, AA287990, W37960, AI401102, AI279485, W37900, AI423510, AA610711, AI050735, BF939011, BE699047, AA701403, W30974, AA017371, AW385388, AA911160, BF928600, H10281, W32542, AA133579, AV721259, H81907, BE908122, H11712, AA657490, H09562, R97956, BF810354, N68428, BF841567, AA018681, BF810349, AW838671, AW274397, BE699044, BF737894, H17436, AA133578, T03483, BF529092, BE699011, R93915, T84200, H10225, R97955, N91220, F09018, BE244933, BE697384, AW474873, Z43397, AA677745, F11358, AW838680, Z42508, H08994, H11779, R18755, AW067888, H86384, R20010, R44826, T78746, BE546845, BF768165, AA676360, Z41104, R12303, R61069, H80952, H01770, BF362799, AA857228, BE092626, AW361033, BE246721, R12953, F11514, AA298600, AA233314, H82000, Z45386, AA047038, AA988879, AA776420, R61792, BF925722, F02025, H37922, AA946813, AA058662, BE793798, AA298811, AW954042, AI024907, AA515707, AA579408, C02381, H38137, H80857, AA190438, AA059270, AW953912, W32541, AI253018, BF755527, AA252608, H39230, BF087406, BF841077, BE699066, F09175, AW608049, R36072, AW607934, AW242636, F02790, AA018740, BE092426, N47523, AW951415, BE872758, AA670010, BF793691, H86054, BE699208, AA017201, AA059226, BE857637, BG011131, AA233315, AW169463, BE935974, AA910836, BF756516, AA504287, AA489248, AW452612, BE858890, BE699076, AA953019, AA191764, BF930488, BE746764, AA552521, BF932022, BE080981, AW385586, BE092405, BE047109, AW838675, BE074538, AB046801.1, AC026749.5, AC026437.5, AC010491.3, AK001799.1, AF274753. 1.
HLDQU79	301	740755	1 - 1474	15 - 1488	BG256275, BE867624, BE907396, BE855521, BF034422, BF530803, AW959247, BE782005, AI126689, AL121446, AA757065, AW630129, BF768037, BE746763, AA206154, AA460401, AI276320, BF998689, AA295243, BE242732, BG035901, AL040350, BE242810, T86168, BF983867, W05088, AA347337, BG252443, AI133502, AF064093. 1.
HLDRM43	302	846330	1 - 595	15 - 609	AA502331, AW444616, AA568450, AW592433, AA503839, AI017393, AW957011, T85589, T78178, T72043, T85588, AI699382, BF593574, AA299977, T86494, AW956056, AW605240, AA335186, AA551860.
HLDRP33	303	647430	1 - 598	15 - 612	AP000301.1, AP000045.1, AP000114.1, AC005080.2, AC004878.2, AP001717. 1.
HLHFP03	304	460467	1 - 599	15 - 613	H46196, AI421986, H19572, H46195, BF947135, H19490, BF738481, BF994257, BF127477, AW139949, BF947011, AF321824. 1.
HLHFR58	305	919888	1 - 1001	15 - 1015	R09539.
HLIBD68	306	778073	1 - 1008	15 - 1022	AL538046, BF975484, BG260893, BF062040, AW250850, AW954319, BG118275, AI633756, AI436560, BE646174, AA975057, AW302253, AI651397, AI825665, AI479926, AI635567, AI612806, AI640598, AI653427, AI248825, BF770160, AI333221, AA609320, AI916748, BF346659, AW001438, BF941021, AA397893, AI083783, AA399663, AA302889, AA484860, AI659648, BF222019,

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HLICQ90	307	791828	1 - 1752	15 - 1766	BF980403, BF726329, AI984197, AI192533, AI559494, AI378638, AA430026, AI061413, AW172705, BG165333, AI190915, AA430235, N62729, AI689890, AI360764, AA705532, H90333, H30177, T99745, H78217, T86019, H26993, T91236, AV645894, AA330598, N75483, H42449, BE766728, AW135351, AA976652, AA383620, BE220880, AI630095, BF381551, BF767606, BE087130, H42847, W05293, AA911697, AI659925, BE766726, H82733, T99746, BF889067, AW955970, AW971740, AI432644, AI431328, AI623302, AW968355, AI431347, AW972091, BE672759, AI432653, AI431230, AI432654, AI432655, AI431310, AI431312, AW081103, AI432677, AW968356, AI431323, AW972093, AW968729, AI431354, AI432661, BE672719, AI431307, AI431316, BE672732, AI431337, AI432650, BE672745, BE672748, AI431238, AI492519, AI432675, AI431350, AI431231, BE672767, AW972092, AI432651, AI432647, AI431243, AI431330, BF448552, BE672742, AI432662, AI431248, BE672644, AI432657, BE672774, AI432649, AW972090, AI791349, AI431257, AI432665, AI431247, AI431318, BE672738, BE672792, AI431235, AI431321, AI431315, AI431246, AI432643, BE672743, AL042519, BE672640, AW129223, AL042931, BE672622, BE672627, AI492510, AL042729, AL042832, AL047611, BE672754, BE672626, AL043295, AL357075.17, AF064854.1, AL133082. 1.
HLMBO76	308	626831	1 - 801	15 - 815	BE962422, AW027068, BE617458, AW978331, AW992560, AW274834, AW131841, N32595, AI917820, AI907429, AI610587, AI348386, R50855, T16683, AA807222, R42665, R45605, R15777, N47819, AI699177, Z39130, M85559, AB033057.1, AF275817. 1.
HLQBE09	309	520375	1 - 619	15 - 633	AI742329, BF109853, AA778549, AI764973, AC005225. 2.
HLQDR48	310	1307726	1 - 975	15 - 989	AV655891, AV718605, AV690404, AV719284, AA923549, AI950351, AV656411, AV720179, AV654765, AV656119, AV697855, BF511595, AC011472.7, AF271350. 1.
HLTAU74	311	853614	1 - 1510	15 - 1524	BG003917, AI817406, BE545490, AW380189, AW161631, AW971418, AI732482, AI732481, AA506465, AA455434, AI791436, AA506457, AI791435, AA455961, AI805870, BG003913, BF889164, AW512931, AI791316, AI791270, BE892615, AA361022, T52193, BF091793, AA410873, AA376333, BE250549, BF149315, BE925340, AA410708, BE699783, AW890323, BE276496, N95142, AC008088.8, AC004702.1, AC006251.3, AC008569.6, AL132640.4, AC004707.1, Z98742.5, AP001717. 1.
HLTDV50	312	520231	1 - 756	15 - 770	AV712119, AV659712.
HLTEI25	313	396672	1 - 829	15 - 843	
HLTEJ06	314	543017	1 - 603	15 - 617	AL525142, AW274273, BE327124, AI885095, AI885299, AA085210, AW340136, AI985381, AI369742, AW086489, BE298417, AI476470, AI039658, AI034384, AI333584, BE298210, AA455921, AI287650, AW592624, AA456390, AI266556, AI672315, R14963, BF688522, AI310815, AW962407, AA902537, AW954994, AV707146, AW960308, AW952064, AW960237, AW965813, AW963378, AW963660, AV703158, AW955713, AV727916, AW955616, AW951707, AV705433, AW954006,

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HLTFA64	315	638242	1 - 1116	15 - 1130	AA703489, AW235215, W91995, AW361011, R99300, W91994, AA130677, H55848, T86395, AW051213, T86296, H55757, Z25051, AW579310, AC025754.4, AC016602. 6.
HLTHG37	316	787530	1 - 3726	15 - 3740	AL521709, AU139605, AU133158, AU139786, BE535428, AV715927, AV707854, BE882531, AI433464, BE302408, AW612477, BG122886, BE220521, BF593222, AI186034, AW189879, AA480343, BE002782, BF675617, AI082537, BE002805, AI745058, AI379721, AA001791, AW118778, AU149758, AA001870, AI190938, AA017469, AI810133, AI580107, BF061454, AA017470, N75111, AW573126, BG119005, AA496528, AI361074, AU143997, AI421480, AI797293, AU155671, AI039242, AA676895, AA035158, AA813771, AI380129, AA577557, AI625511, AU118630, AA034943, AA496455, AA035159, BE930108, H09058, R60578, D52456, AI199837, H71368, AA526250, H71321, H49158, AI801119, AW051381, AW193626, AI469299, Z44640, AU158178, AI375966, H03188, BE768068, AL537252, AW027677, BE769432, H03987, AA189113, F07896, AA884440, AI247826, BF112089, BE768175, R44612, AI370691, R41912, BF908980, AW338918, AA300907, AL521710, AI682819, F05975, BF911500, AA089462, AI755046, H08357, C00830, AW137909, H49079, BF594512, AI219213, AI902677, AW837163, BF335290, AA629557, D20866, T84855, H01516, AU127032, N92073, AA034942, AA384103, AA386034, BF758104, AW820302, AI758883, AI032167, AA136525, BF239017, BE073835, AL121716.16, AL117443.1, AK023709.1, AK023685.1, AK001365.1, AF180371.1, AF102265.1, AK023432.1, AB032081.1,

					BC001258.1, AL162056.1, AL050080.1, AB029040.1, AK027030.1, AK021676.1, U52077.1, AL050341.18, AC003977.1, AC006249.1, AL080315.18, AC022425.6, AL162711.17, AC012172.6, AL139188.14, AF104257.1, AC004385.1, AF314060.1, Z84470.1, AF205406.3, AC025898.9, AL139385. 12.
HLWAA17	317	629552	1 - 983	15 - 997	AL522002, BF305304, AL521608, BE732838, BE899550, BF344719, BG115015, BG109203, BF982386, BE410162, BE735023, BE901175, BG117962, BE281306, BG165427, BF793440, BE901577, BE872442, BF316646, BE409982, BF982251, BF970528, BE262711, BE299415, BF340859, BE386152, BF569778, BE281612, BF305644, BG251248, BF673757, BF183244, BE547252, AL521166, BF237978, BG249255, BE280374, BE301893, BG109330, BG164142, AL522550, BE018945, BG170896, AW732476, BE779176, BE018944, AL532064, AW250139, AA580387, H20615, BE741195, BE736037, BE272171, AI752100, BE870251, BE742694, BE883834, Z42865, W21970, AA873793, AW579408, BF753347, AA204913, AA206511, AA158660, BF971112, H66924, R25678, AA233944, BE743048, BE743976, BF304498, BE546682, BG112068, BF317329, BE278514, BF878947, BE744899, Z25248, BG248593, AW675147, T56764, AA368717, BE793472, AW956985, BE246887, BE298316, BE410692, BE707861, BF125052, BE388318, BF970723, BF675911, BE868990, BF031826, AA380216, AJ271671.1, BC007886.1, BC002563.1, AJ243649.1, BC003152.1, AF151829.1, AF132942.1, AJ243650.1, AC004832.3, AC005585. 1.
HLWAA88	318	588485	1 - 1756	15 - 1770	AI075040, AI566035, AI346970, AW453036, AU136077, AW572319, BE677521, AI971962, AI354722, AI611131, AI285086, AI017423, AW612105, AA719963, AI493120, AI910743, AI346087, AA860835, BG055741, AA995966, AW235992, AI188298, BF740313, AI205497, BG055743, AI949884, BF851530, AA939291, AA883259, AI985431, AA070019, AA613006, BE075994, AK023527. 1.
HLWAD77	319	653513	1 - 1153	15 - 1167	BG250493, BE786038, BF968793, AI148564, AV714668, AI911259, AV717040, BF031366, BF970799, W60958, BE221213, AV701362, AI683823, AW268612, AV711084, AW275920, BE551456, BE551386, BF244446, BE550880, BG110482, BF669035, AA404358, AW956755, BE669452, BE504275, BE674209, AV763474, AA443743, BF381847, AI271616, AA936391, AI675766, AV703458, AI695003, AA403095, BF968311, AI311856, AI082141, BF036575, BF575757, BE905833, AA503819, N30670, BF027805, T86418, AI079408, AA393808, AV711478, BE872085, AA393892, AA827290, AI189388, AA910984, R21152, H96780, AW804422, AI014740, AA804216, AV714823, AI219049, H23300, AI566294, R99539, BF724670, N75557, R99538, AI299755, AA476793, AA974212, AA417638, AI374805, AW952564, AV725011, AI094470, AI133161, BF221760, W05584, AI089034, AA905867, T86508, AA677753, R99550, BF753822, AA335337, AI240536, AA313386, AI538267, AA918453, BF811514, H23186, H92649, W87796, AW445161, Z40615, BE272827, T33983, AW298229, R08382, BF475310, R08329, H97711, H96103, H80948, T99199, N24555, AA375092, T99198, H92437, BE260997, AA383378, BE536680, AI085108, BF920784, AF132289.1, AF242523.1, AK024574.1, AF151859.1, AC004148.1, AC024082.6, AC009263.6, AA419545.

HLWAE11	320	783071	1 - 1604	15 - 1618	AI344312, AI276017, AI476822, AI139478, AI160906, AI240398, AW001088, AA425919, AA011278, AA428788, AI354692, AI089176, AA622689, BF431807, AI968918, N68826, AI467807, BF436247, AW673768, AW135943, R24434, R16812, R31419, R31434, R24435, H83155, AI865939, R31418, AW673133, W67349, R31433, AA027080, R28030, BE542160, T81223, AI631986, AA677315, BF760063, AI872675, BF331923, BE926682, BE926741, AF329842.1, Z82188. 2.
HLWAO22	321	587270	1 - 1324	15 - 1338	AL515814, AL515776, AL534165, AL520605, BF342613, AI064806, BF528629, BE856301, AI140344, AI763061, BF063934, BF244655, BF683133, AW340290, BF344711, AI659614, AL515777, BF034915, AI554886, AI086027, BE929854, AW193974, AL515815, AL525649, AA410368, AI937139, AA918821, AI218197, BF313091, AL525747, AA829365, AI336469, AW473975, AA577435, AV645326, AW070946, H22929, AA722774, AI610462, T90764, AA404313, AI623603, R54057, AV723824, AA404713, AW168607, AA079100, AV752738, BF316436, AW402756, AA912779, BE742923, AL534166, AA609213, BE350786, AA406191, AA923714, AW750290, AA325220, AW952354, BE898647, BF092248, AA293154, AI218895, AI198020, AI672973, BG002684, AA649195, W81523, H08723, AW207732, AA927962, AI873660, AA774521, BF880685, AL520606, BF837510, AW794716, BE044401, BF767735, AI383372, AI204653, AI361791, Z39695, BE673415, H70703, R54056, AI187740, H24109, AA079003, AI867628, AA330197, BF310103, BF854730, BE797091, BE737142, BF541812, AI689520, AW297870, BF965605, AW590611, H08439, BE263819, BF086702, F02166, BE547512, BF115405, AA477404, F04433, T83213, BF036962, BF767508, BE795356, AA430434, AW797192, AA479566, R16340, BF678079, BF685049, BF847264, BF847254, BF804160, BF847373, BE904852, R41416, BE312226, Z45578, BF733974, AA971991, W81639, AI902460, BF833057, BF804096, AI903581, BE798202, AA453110, Z42682, BF917644, AI564885, AA335484, AI811209, AW083638, BE260879, BF314999, BE274089, AI903535, AW376204, AI755186, AI880283, BE540568, AI523835, BG165048, AI627893, AW008226, AI440284, AI568293, AI559296, AI954721, AI446511, AI934011, AI364167, AI538564, AI744268, AI688858, AV750565, AI539800, AW129264, AI540179, AI364589, AI638644, AI690784, AI499570, AI590043, BE966550, AA659690, AI829432, AI932739, AI719817, AI500061, AI873604, AI479292, AI244360, AI141406, AI633125, AI620864, AI866040, AL515021, AI885982, AW081383, AI824746, AI620056, AI269469, AI270448, AI274655, AI884318, AI287252, AI678446, AI651840, AI890183, AI701097, AI635634, AI763414, AI370623, AI476478, AI266652, AI696714, AI799968, AI628325, AW236186, AI653402, BF035033, BE963355, AW151714, AI637584, AW055081, AV703776, AI866893, AA836665, AW152182, AK000833.1, AF226048.1, BC000659.1, AJ289857.1, AL110160.1, AJ297977.1, AJ289848.1, AJ289856.1, AJ289847.1, AJ289849.1, AJ289846.1, AJ289851.1, AJ289852.1, AJ289854.1, AJ289853.1, AJ289850.1, AJ289855.1, AK026408.1, AL117587.1, L25851.2, AL136850.1, BC004349.1, AL050149.1, AF183393.1, AL133619.1, AL162083.1, BC008591.1, AJ299431.1, BC009360.1, BC001785.1, L19437.2, AL080159.1, BC001711.1, AK000027.1, AL512684.1, X99971.1, AL133084.1, AB055331.1, BC001336.1, AL389935.1, BC004373.1, AL389982.1, AL133062.1, AK027209.1, AF115392.1, AL049959.1, AB056420.1, AL137530.1,

					AF122922.1, BC000732.1, BC005070.1, AK026462.1, AK000418.1, Y14314.1, AF124728.1, BC001199.1, AL050138.1, AF217973.1, AF131821.1, BC002849.1, BC006345.1, AK000484.1, BC008649.1, BC007641.1, AL157479.1, AK000414.1, AB060897.1, AL080154.1, AF353673.1, AK024974.1, BC007571.1, AK026182.1, BC005123.1, AK025658.1, BC001760.1, AL080148.1, AL133559.1, AB011076.1, BC007364.1, BC008063.1, AF267739.1, BC003101.1, AF218000.1, X99270.1, AL137682.1, AL138832.10, AP001601.1, AP001698.1, AB047878.1, AL137533.1, AF061795.1, AF151685.1, AL359583.1, AL137254.1, AC004805. 1.
HLWAY54	322	658702	1 - 1878	15 - 1892	AI024421, AA424694, AA824340, AA864327, AW592506, AA496077, AI125678, AI028208, AI126598, BF091360, AA406076, AA443593, BF376146, AA709069, AI131223, AI141116, AI333624, AI333870, AI769240, AI091519, AI147148, AI122673, AW948495, AA471063, H30251, R07741, AI138894, AA993247, BF376156, AA405433, H30315, AI382680, R07740, AA992230, AL042116, AB051833.1, AF085884. 1.
HLWBH18	323	1045194	1 - 799	15 - 813	BG000096, AC023490.5, AC018636.4, AC006435.7, U95742.1, AL121891.22, AL451142.7, AL035659.22, AC020716.3, AL136179.15, AL450339.5, AC007216.2, AL136418.4, AL139054.1, AC011533.6, AC000159. 6.
HLWBI63	324	566842	1 - 1024	15 - 1038	AI042019, BE858742, BE855466, BF476111, AI906495, AI908477, BE674293, AW274510, AI560883, AI989629, AW473428, AI680172, AI339026, AW612370, AI418979, AI275052, AA767349, AI890489, AW021884, AI969094, AW977119, H89111, N93142, AA885772, H10993, BE181184, AW368289, AI567013, AI868712, BF132001, Z40983, BE564470, H95610, R39509, BF695232, AW853314, W38986, H92044, AC008040. 7.
HLWBK05	325	765310	1 - 2369	15 - 2383	AL536493, AL514199, AL157671, BG260370, BE379053, BG252836, AL529147, AL515380, AL514200, BG104666, BG114729, AL529146, BF967759, BF527200, BF316407, BG261268, BF184232, BF115962, AW965314, AW005623, AW973905, BG171109, BE736594, BF529773, AI928466, AW516590, BF966979, BE046448, AW014546, BE876855, BG254307, AW958252, W87297, BF526617, AW959008, AA164613, BF439848, AW000936, AI703274, N24392, AI580919, AA037159, AI686912, AA179191, AW594515, AW085214, BE671804, AI168495, BE296633, AA868707, AA225014, AA888872, AI219983, AA179201, AI660755, AA164612, AI334991, AA420527, H97664, AW510978, AA988373, R70657, AA576605, AA437178, AA628293, H10567, N36611, BF966853, AA970653, AI806255, AA224953, BE296638, W39077, AW242291, AA594662, H99143, AW078769, AI679580, AI269095, N94194, AI680017, AA844022, H23755, BF966096, AA602349, BE164717, N99359, BE328493, W87353, R46707, AA889625, AA573514, R77834, BE090735, N25981, R51410, BF247470, R25551, AA398028, H80504, H48364, AA470783, AW207718, H06507, R64682, BE904435, AA426463, R12724, H06563, R64681, N63835, BF377563, R39776, R16671, BF966194, AA332170, AA378783, BF353343, AA609145, AA887867, H60238, H48275, AA360706, AI208801, BF884388, H11082, BF361356, AW238918, AI886136, R51298, R20363, N89819, H81420, N48366, AL527159, AV691174, BF361358, R40704, AW795836, AA704248, BF884528, T03502, C01112, BG055466, R41078, AA927831, AA988831, R75935,

					R31994, AA420594, R43748, AA356016, AA350100, AA639019, R16672, C14942, BF963256, AW947442, N71425, H60193, BE694187, BE694204, AA376032, BF358985, AI475079, R13270, AI872772, AW627454, BE841315, N55971, BF348486, AA938370, BE906485, N49143, BF370548, BE841319, AA169181, AA169309, BF204852, BE881724, AW051264, BE937060.
HLWBY76	326	797609	1 - 2067	15 - 2081	AA923172, AI139607, AI269739, AI802946, N30680, AI277957, AI277237, BE715040, BE838082, BF354274, AW797336, AW797335, BF987948, AW873630, AI806044, AK026806.1, AC003991.1, AK027807. 1.
HLWCF05	327	460619	1 - 632	15 - 646	AW673972, AA524980, AI961840, AW515257, AA877458, AI336752, AW070880, N66443, AA528268, AI273991, N26777, AA004802, BF990906, AA700372, AI290414, AA906772, AI243008, H17960, AA502507, AA860313, AW470183, H84037, BF348530, R54094, BF764578, H84462, R30859, BF764695, AI864306, AW022917, AW970612, D45536, AI908718, BF878700, AW999226, BC003414.1, AL450487.17, AK025020. 1.
HLYAC95	328	778075	1 - 298	15 - 312	AV764526.
HLYAF80	329	460622	1 - 812	15 - 826	AA972709, BG111199, AI499555, AI872315, AI924051, AI494201, BF812963, AI804505, AI815239, AI500659, BE883591, AI866465, BG167830, AI815232, AI801325, AI866691, AI500523, BF812438, AI538850, BE885490, AI887775, AI582932, AI284517, AI923989, AI872423, AI590043, AI500706, AI491776, AI445237, AI926593, AW151138, BF811804, AI289791, AI521560, AI889189, AI500662, AW151974, AI285417, AI623302, AW172723, AI539800, AI284509, AI582912, AI538885, AI440263, AI889168, AI927233, AW058275, AI866573, AI633493, AI434256, AI431323, AI866469, AI805769, AI434242, AI888661, AI500714, AI284513, AI888118, AI285439, AI436429, AI859991, AI889147, AI355779, AI623736, AW194509, AI581033, AI371228, AI798359, AI590024, AI491710, AI431307, AI440252, AI687588, AI440238, AL047422, AI567971, AI866786, AI860003, AI610557, AI431316, AI242736, AI828574, AI539260, AI887499, AW151979, AI539781, AI431238, AI537677, AI702065, AI539707, AI885949, AI285419, AI559957, AW089557, AI521571, AI469775, AI866581, AI567953, AL047398, AW074057, AI815150, AI446495, AI889191, AI952433, AI867068, AI225248, AI358271, AI698352, AI282249, AI371229, AI440260, AI474699, BE612681, AI687607, AI932620, AI890907, BF811802, AW129310, AL515185, AI866458, AI432644, BF815930, AI273179, AI499478, AI371251, AI866510, AL134524, BE897632, AI866461, AI923046, AW151132, AI049859, AI539771, AL048403, AI955221, AA878808, AL119511, AL513655, BF814072, AW151136, AL043152, AI273116, BG252929, AW858243, AI371237, AI561170, AI554821, BE895765, AI690946, AI469764, AI358612, BE877142, AW191003, AI648567, AI433157, AI433155, BF814447, AW081103, BE909406, AI538883, BG029667, AI801286, AL048375, AW021373, BF527274, AI867066, BG113493, BG260144, AI362495, BG110517, BG168696, AI371243, AI500683, AV736134, AA857847, BF892773, AV736402, BE963035, AI635331, AV743129, BE896091, BG257535, BF911528, BG033906, AL039390, BF795712, AI493559, BF796402, AI049850, AL045626, AW858522, AI274759, AI355008, BF036448, AI433976, BG254745, BE875243, BF726204, BE779152, BG169065, AA437293, AI049851, AI440236, AI282247, AI249936, AI963849, BE537531, AI539863, AI582910,

					AL040459, AI366900, AI537943, AI559976, BF814504, AW020095, AI366910, BG259737, AI521566, AA715307, AL513725, AI561177, AA809974, AW197139, BE618455, AL514283, AI250646, AL047611, BG113712, AI888022, AL512454.6, AL133391.5, AL138767.15, AL355795.13, AP001835.4, AL355136. 19.
HLYAN59	330	1352203	1 - 756	15 - 770	AI761381, AI738617, AA777274, C02420.
HLYAP91	331	553514	1 - 1262	15 - 1276	AA464480, AI738416, AW970172, BF346852, BE004609, AI097351, AI051171, AW085704, N50904, AI950137, AI718945, H64092, BG236491, AI964070, AA514204, AW401489, W76242, H64144, AW204133, AA295625, AW388106, BF751672, AA693868.
HLYAZ61	332	1352163	1 - 1223	15 - 1237	AV653286, AW591154, AV653266, AV757663, AF002986. 1.
HLYBD32	333	566657	1 - 1031	15 - 1045	AI290473, N36404, AI804254, AA321183, AA258620, AC073655. 26.
HLYES38	334	638042	1 - 1209	15 - 1223	AV701925, BE883545, BE250577, BE736918, BE616582, BF793477, AV706319, BF338817, BF346135, BE728115, BE615376, BG250960, BG032917, AU139668, BF951636, BF811794, BE899007, BE898175, BF217767, AL133895, AA225638, AU121535, BE531051, AU135520, AW899342, AA601152, BF675027, AA601227, BE154390, BF911201, BE385152, BF680445, BE264980, BE386373, AA715194, BF874267, BF871285, AA826146, AW023095, AW957880, AW957801, AW962273, AV732690, AA307661, BF882363, AW845664, AV749263, BF197329, AA779025, AA489803, AW872342, BF815608, AV748578, BF957961, AI380547, AA833581, AA243106, AW939910, BE304382, BF877837, BE141836, AV750972, AW962826, BF982391, AW938878, AU116940, BF203663, AA503299, AV652861, H02956, T57668, T47541, BF763870, AW865469, AV731015, BF207674, AI940701, BE184422, AA280232, BE792178, BF829537, BF767788, BF957954, AV683302, AV698434, AA258511, AI918674, AA121877, T07838, AA804919, AW515786, AA281292, AW865403, AU140348, BF238662, AA353112, BF732306, BF940980, T84195, AA431655, T06482, AI440300, H67786, AV715734, BE565499, AA630813, BF673583, AI761174, BF812273, AA593381, N62150, AA487808, W22010, AW898213, AW963317, AV653743, H67930, AI940708, AW864780, AA359714, AI052560, T07383, AW899527, AW999271, AW845678, AA649067, AW898920, AA356190, T97032, AA434462, AA221018, R01106, AA418919, AA431294, BF873657, AW630075, H73439, AA583363, T81895, T47477, BE177666, BE083070, BF951580, AW845665, AV729748, AA720812, AA577789, AA173218, BE968449, BF096068, BF869076, AW893125, H47099, AV730261, AW409222, AC005166.1, AL133514.7, AC005588.1, AL355143.17, AC004045.1, AL450333.13, AC008962.8, AC005768.17, AP002853.3, AC009466.17, AP000880.4, AL157688.4, AL121939.12, AC010369.6, AC004946.1, AL139327.18, AC011198.2, AL135780.11, AK022205.1, AC069304.7, AL109769.4, AL049781.5, AP001669.1, AL355520.8, AL133517.11, AC026398.4, AL353133.7, AL357153.4, AL049796.28, AF002997.2, AL356498.10, AL360020.15, AL121958.6, AP000826.4, AL590964.8, AL022399.2, AL121949.13, AC007065.5, AC023154.5, AL008722.16, Z82212.1, AL138965.10, AP001179.4, AL360272.23, AC006379.2, AC034215.4,

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HMADS41	335	596831	1 - 1253	15 - 1267	BE740695, BE739906, BE899124, BE742745, BF685920, BF971897, BF684948, BE336652, BE747520, BE925550, AI733012, AI492192, BE207602, AW275042, AA954656, AW139807, AI791409, AW136444, AI361524, BE207644, AI762361, AI762373, AI246377, BF684146, AA306161, BF062047, BF222947, AW003832, BG028044, AA865078, AA402599, N32269, BC007725.1, AF123757.1, AF123758.1, AF123759.1, AF123760.1, AF123761. 1.
HMADU73	336	1352177	1 - 3180	15 - 3194	BE736177, BF968408, AW953455, BE513085, BE889654, BG248447, BE910370, BE311470, BE905308, BG163998, BE744228, BG167712, BG167766, BF219830, BG181007, AI141537,

					AW410963, BF183034, BE273660, AW150338, BE876928, BF205734, BG025353, BF220216, BE906937, BG024133, AW410964, BE784095, BE894840, BE787695, AI937321, AI291285, AA604680, BG035017, AI676225, AI416979, AA910937, BE273358, AI249741, AI126639, BE613036, AI601165, AA427563, AW068179, BF870292, AW997226, AI583536, AA039978, AA922852, AI042545, AI609947, AI870329, BE503809, BE244069, AI582686, BF334791, AI581661, AI268853, AA147194, AI335735, BE208847, AW190590, AI128471, AA536207, AI885712, AI419345, BE073411, AI246422, AI291867, AI917249, AW886428, BF436597, AW874025, BE247396, BF334812, BF334774, BF129143, AW303929, AI991848, BF334775, BE245324, AI423211, BF334783, AI031988, AA293156, AI972206, AA437330, AA076636, BF081258, AA427681, R73436, AI610274, AA102470, N47449, BF334781, AA427536, BF334779, N93816, AI951382, N47448, AI284267, BF968513, BF334797, BF334790, BF334816, BE789673, BF334813, BF334801, BF334776, AI349335, BF056321, BF334805, AI739283, AA627054, BF814698, AI338846, AW408759, BG034764, AA502274, BE890383, T08688, BE709083, AA659199, AA872138, AW191035, M62233, AI242832, AA040020, BF334773, BF844001, F24622, AI859689, AW191950, R73435, BF843212, AI215685, AA824249, N24016, BF733515, AW302387, AI766197, R85996, AW051539, AA766282, AI610976, AA477903, AA991453, AW068089, AA834378, W44967, AA488037, AI571263, BF436901, AA477255, AA732344, BF334770, AA962838, BF334769, AW471108, AW205834, AA456125, AA456126, AI311739, AA501748, R74553, AW966388, T08687, R72613, BF347017, AA284901, AW000739, AW131887, AA627957, AW001111, AI225064, AA284724, AA454679, BE300238, H42416, AI087082, AA235858, BF334795, AA487922, AW078845, R74250, AA625704, R72682, AA399145, R82789, AA394142, AA469296, T34972, AI261404, W90123, AI445249, AA368361, BF222642, BF905696, BE001794, AA469376, AI520758, R64060, AA431718, AI829844, BG056583, BF334780, BE714858, T49386, AI469479, AA293648, AW192996, AI393983, BF334802, AI751338, AA102469, AL044292, AI382272, AA889433, AA295640, C01822, BF813657, BE242937, AI601166, AW956705, BE245918, AI343287, AI762717, BG015518, AI581968, T30468, R15816, BG058427, BE814656, AI744412, BE786532, C18456, BE672796, AI476060, AW068319, BG236882, AA112206, AW009377, AI424337, AI824385, BE729392, BF334806, BF334785, T32462, BE696554, AW361898, BC000424.1, AF131760.1, AL080164.1, AL133448.4, AF177336.1, AL110149. 1.
HMAMI15	337	135240 6	1 - 1244	15 - 1258	BE790239, AI114496, BE047613, AI609021, AI478544, AI949665, R96283, AI205799, W39248, AI670908, T70976, AA070919, AI243978, AW854183, AI796472, BF883407, AW975683, AA654405, AI125888, AA730911, AA545731, BE222003, AA730927, C21177, AA721678, AI478489, AL137139.9, AL139035. 27.
HMDAE65	338	520338	1 - 684	15 - 698	AL035447.6.
HMDAM24	339	514394	1 - 982	15 - 996	BF741516, BF740289, BF740290, BF741538, BF760315, BF911969, BF830586, BF759998, BE083615, BF932902, BF763222, BE079695, AC004797.1, AB023141. 1.
HMDAQ29	340	600406	1 - 960	15 - 974	BF828645, AC007404.4, AP001064.1, AL158172.5, AL096700.14, AP001754.1, AC011446.6, AC021325.5, AC016968.24, AL008719.1, AL031729.16, AC008011.11, AC074295.7, AL157823. 9.

HMEAI48	341	1352290	1 - 399	15 - 413	AA297104, AA298556, AA216561, AW957476, AL532709, AU124631, AA173361, AA206770, R14826, AL513976, BF726195, BF901681, AA873180, W20303, AF109127.1, AF109126. 1.
HMECK83	342	636035	1 - 996	15 - 1010	AW070189, AA680237, AA577812, AI732177, AA835854, BG223537, AL023494.12, AL158196.24, AC009102.9, AE006466.1, AL163248.2, AC003957.1, AC008537.5, AC022161.7, AL357315. 14.
HMEET96	343	566720	1 - 1323	15 - 1337	AL521371, BF337502, BG249151, BG113640, BG260630, AL521372, AL516032, AV731587, BE384522, BE973743, AI735261, BE563906, BE277846, AI808277, BF667795, BF691333, AW958349, BE871082, BF791366, BE389571, AW674769, BF691310, BF743166, BF211360, AI368797, BF572289, AA583057, BF664548, BE567499, AA807741, AI828551, W02860, AI088857, N44490, AW439214, AI026716, N73457, AI142511, N34764, AA633495, BF346426, AA594963, BG258660, AA862351, AI356184, AW518053, H98681, AI125040, AI306645, AW675383, AI280832, AV729211, AA748024, AI707840, AA830528, AA916426, AI285008, BF743169, AV724056, BE531141, H04537, T71560, T87237, BE855394, H29267, T71330, AW078897, AA507967, BF790198, AA613581, AA215785, H09795, AL516031, BE763380, T71482, AI261966, AI783537, AW853901, T79791, AW853890, AA459511, T97835, D60812, AV711819, H04458, N27248, AA483615, BE615442, AI685127, BE616237, F10230, BF239991, BE614864, BF965165, AI471017, T79360, C00631, AI523786, BE833176, AI587003, AW051263, AA588437, AW364142, T10196, AA379077, H57434, AI469848, AA156281, R41344, BE077173, BF239125, H94779, BE093345, AW168908, BF541751, T74091, H09880, H29351, BE833069, T82010, AA082465, AW951663, AI919531, F12612, AA452714, AW068971, BE697991, AA450068, AW024907.
HMIAL37	344	603201	1 - 1406	15 - 1420	AW934844, AL045824, AI269960, AW300030, AA860926, AI761354, AI739238, AW351654, AI984995, AW390711, BF931410, BE464037, BF229829, BE764327, AI628985, AI989344, AW013904, AI869919, AA121174, AI453367, AI270726, AI272081, AI869907, W22160, AW192301, BE463416, AI991419, AI796741, AA551799, AI738967, AI738958, AI783811, AW304132, AA344913, BF229794, BF798430, AW843500, AW888833, BF798442, BE763828, BF761128, AA121198, BF333846, BF928080, AW062449, AA327309, BF800375, BF800393, AW845326, BF808207, BF819298, AB018687.1, AB006955.1, AF039700.1, AF039699.1, AC005137. 1.
HMIAP86	345	726831	1 - 1660	15 - 1674	AL533220, BF967956, AL533253, AL520510, BE735407, BF972030, BE735149, BE615619, BE616472, AI873527, BF347687, BE383692, BF967233, BE385645, AW593348, AW381588, BF541528, AI032869, BE294015, AA404241, AI564151, BE294088, AA401224, AI682367, BF694848, BE255192, AA910774, AI367739, AW976142, BE615232, BE389860, BF029472, BE615138, BE645680, AI131262, AA054608, AI479085, BE728074, BF672705, AI241428, AA021119, AA142931, BG108596, AI039086, BF348256, AV748480, AA021118, AA056945, N48177, AI202193, AI491859, N53324, AI364707, R44688, AA015735, AW015622, AA905989, AA813639, AA057005, AA035652, AA917010, AI952221, AA054548, AA015832, AA505774, AI697106, R19440, BE707409, BF841914, BE677828, AW954134, AW950006, AW954211, AI968179, AW960629, AW964070, AV728721, AV656478, AW953797, AV696931, AV683994, AV703878, AV702019, AV705014, AV728733, AV727510, AV706741, AV726026, AW952460, AV709596, AV709273, AV725633,

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HMKCG09	346	548078	1 - 907	15 - 921	BE043082, AI927692, AW058564, AW055230, AW015122, BF592005, BF196476, AA814450, AI634533, AI139038, BF446797, AI277016, BE045365, AA732327, AI435146, AA290626, AA832487, AW964897, AV682305, W56110, AI796930, AI949631, R48833, AI800208, AI628443, BF431339, BF371245, AI935532, AI582596, AA319436, AA832489, T59460, AA806730, AA279760, AA325502, AI935529, C20681, T59406, AA766259, BF089238, AL035209. 1.
HMMAH60	347	562776	1 - 808	15 - 822	AA736481, AI288032, AC004587.1, AC004031.1, AC002073.1, AC009137.6, AF001550.1, AL109628.5, AL121594.6, AL133215.16, AC024584.5, AC007688.15, AC005874.3, AF134471.1, AC002565.1, AC004678.1, AC003950.1, AC007546.5, AC002395.1, AC011529.3, AP002906.2, Z83826.12, AC009470.4, AC004703.1, AL050335.32, AL117354.12, AL136418.4, AL139054.1, AC005914.1, AL022313.1, AC002044.1, AC020633.3, AC018758.2, AC007279.4, AC013734.4, AC019205.4, AC005844.7, AL033519.42, AL035460.15, AC011484.4, AC020916.7, AF176815.1, AC007390.3, AC007371.16, AC009488.5, AL162615.13, AC006263.1, AC005156.1, U78027.1, AL031681.16, AC011491.5, AL136219.17, AC004383.1, AC002978.1, AC027319.5, AC018648.5, AC012476.8, AC055120.5, AL035422.12, AF031078.1, AL136218.26, AC008521.5, AC083871.2, AC074121.16, AL356915. 19.
HMQDF12	348	566844	1 - 692	15 - 706	BE616124, BE616155, AW170508, BG009649, BF435220, AA573938, AW081928, AI961488,

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HMSBX80	349	597448	1 - 1712	15 - 1726	AI400709, BE166317, AA635412, AA640681, BF822142, AW974947, AI919122, AW082490, AI469586, AL049715.25, AL445222.9, AC011495.6, AL137852.15, AC022217.5, AC011247.10, AC005077.5, AL096814.26, AL391139.19, AL358976.11, AC009123.6, U91323.1, AC009498.3, AC005255.1, AC003037.1, AC074121.16, AL358777.12, AC006509.15, AC005522.2, AF001549.1, AC007240.2, AL031727.42, AC022425.6, AL049569.13, AC011470.5, AC005015.2, AC022027.5, AC005377.2, AP003473.2, AC011815.7, AC008169.2, AL118520.26, AC008267.6, AP001922.4, AC084864.2, AC002476.1, Z85987.13, AL109976.23, AC010271.6, AC010609.6, AC008569.6, AP001718.1, AC004963.2, AL035088.1, AC090426.1, AC006270.1, AC006449.19, AP001711.1, AL009179.1, AC011465.4, AC020908.6, AC005072.2, AP000251.1, AC005071. 2.
HMSFS21	350	545427	1 - 1269	15 - 1283	BF764928, AW959372, AW951170.
HMSGB14	351	570833	1 - 1538	15 - 1552	BF355584, BF355571, BE160727, AL041690, AW502975, AV761155, AA587604, BF965007, BF475381, AW673241, AA631507, AW338086, BG222267, AI371070, AW406755, BF681427, AA652764, AI434695, AV728425, AV760777, AW969629, AI921476, AL042420, AW276435, BF919090, BF918590, AI246119, AI473943, AA503473, AI499938, AW965008, AI358229, AW503900, AA594145, AW162049, AW407578, AW995093, AI929531, AW008317, AV759204, AW936851, AV725423, AW021583, AL119984, BG171096, AA503258, AI357288, AI623898, AI830390, AV762645, AV725431, AI564454, AI623720, BE393367, BG178002, AV703682, AA502155, AW872676, AW103981, AA226153, AP001721.1, AP000125.1, AP000057.1, AP000172.1, AP000331.1, X90978.1, AP000330.1, AL139415.10, AC004067.1, AC019097.5, AC083884.6, AC011464.5, AL352978.6, Z84480.1, AC021016.4, AC024163.2, AC010553.6, U18395.1, AC005098.2, AL133382.8, AC009497.3, AC007003.4, AP001670.1, AL122001.32, M37551.1, AC022202.12, AC004816.1, AL136969.7, Z22650.1, AC009120.8, U57007.1, AL356481.16, AC006130.1, AC008171.3, AL157372.18, AC016903.3, AL035684.25, AJ009611.6, AC020928.6, AL450224.1, AL360230.20, AL445201.14, AC007240.2, AL023882.4, AL450226.1, AL049776.3, AC004694.1, AC004169.3, AC011455.6, AL031311.1, AC004031.1, AC006211.1, AP000432.4, AL160155.19, AC022493.12, AC004859.2, AC010329.3, AL109797.18, AC025264.16, AL353807.18, AC018495.4, AL356473.11, AC020663.1, AC004953.1, U47924.1, AC022405.5, AC004019.20, AC000052.16, AC011286.7, AC005245.1, AL137802.7, AL034379.8, AC010530.7, AC004638.1, AL109805.14,

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HMSGT42	352	383470	1 - 1549	15 - 1563	AL533548, BG254144, BE789099, BE887081, BE878731, BG116125, BG025945, AW957637, BE612783, AV714585, BG107890, BE781717, BG030517, AV718270, BE888408, BF665580, BE880927, AV710046, BF666320, BF030581, C75683, BG029271, BE880632, BE887874, AV733955, BE695911, BF668753, BF666696, BF978924, AV757896, BE568697, BE932552, W55909, AV651776, AV714563, BF700463, AI377408, BF669293, AI857934, BF669212, BF213025, BE545003, BF691021, AW024331, AA725652, BF185721, AI829947, AA454213, BF680798, BF964977, BE904360, BF701393, BF241919, BE789978, BE932459, BF665354, AA314273, BF037589, AW351912, BF028073, AI309773, BE932553, BF701113, BE932539, BE816887, BF665260, BE932447, BF692251, BF184304, AV701697, AV707435, AW270018, BF697317, BF244581, BF029708, BF129991, BF185277, AA861381, AA001402, BF131429, BF670186, AA305370, BF696039, BF211541, BF690925, AA447415, BF214411, BE932475, BF572141, BE932540, BF724466, BF667996, AI857939, BE644614, BF968128, AA629424, BF700100, BE958024, BE646415, AI857941, BE968671, AA306430, BF692658, BE779388, AA858363, BF667913, BF242902, BE932484, BF700414, AV655721, BF695497, AA454212, BE932439, BF132852, BF031185, BF028474, AI589640, BF245173, AA521350, AW752399, AA447414, BF244157, BF381984, BE568476, W55910, BF195161, BE504467, BF185628, BF213439, AA809077, BE960947, BF104162, BE816941, BF031301, AW298803, BG260202, AI475816, AV700780, AW630212, BE569124, BF668875, BF541632, BE865509, BF699689, BF665760, N93336, BE898217, BE568064, BF372428, BF674472, BF664872, AI540152, BF693954, BF571750, BF792635, AA703503, BF307415, BF242078, AA629906,

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HMSHM14	353	461897	1 - 742	15 - 756	AW817008, AW817118, AW951170, AL078634. 24.
HMSHS36	354	1127691	1 - 1388	15 - 1402	AV701925, BF793477, AV652861, AV706319, BF733347, AV731015, AA649067, BF217767, AU116940, BG032917, BF811794, BF982391, AU120741, AI133602, BF871285, BF673583, BE620216, AI132952, BE250577, BE797641, AV652798, BF874267, BE883545, BF951636, BF877837, AL133895, BE898175, AU120778, AA577789, AW893125, AW962273, AA720812, AA225638, BE736918, BE153395, AA583363, AI926740, AA601152, BE563291, AA180390, AW845697, AW023095, BG009679, AW962826, BF871283, BF732306, BE616582, AA456928, BF803637, BE385152, AA553442, AA604116, AA503299, BE728115, BF763241, AA584599, AI568660, BF918672, AA808950, N62150, AI761174, AU147985, BF943073, AA418822, BE646483, AW845701, AA081957, AI084217, AI832080, BE379426, AA584606, BE615376, AA593381, AW593396, AA630813, N23657, AA487214, AA601086, AA309271, AA179694, BF755046, AA524729, AA631405, AV730261, AA703315, BE154390, AI052560, BF883829, N23646, AA826146, AA713998, AI940701, BF815608, AA584589, BE790104, AW087334, AA487598, AW939910, AI493725, AA418919, AA779025, BF338817, AI686420, BF001825, BF063736, AA663257, AW872342, BF929662, BF919126, BF919125, AI002286, AI940708, AW845664, AU156101, AI800842, AU148272, AA669412, BE676217, AA584914, AI564481, AA593077, H71269, AW088584, AI479770, BE167158, T07383, AU140348, BF958620, T57745, T57474, T63786, BE141836, AL134317, AI671215, AA910874, AW439349, AA171526, AI968135, BF871286, AA774178, AA353087, AA281350, BE531051, AI858454, H63688, AA076475, AW993580, AW865469,

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HMSJM65	355	633637	1 - 2256	15 - 2270	BG111486, BE735498, BF668117, AW961166, AW451452, BE868441, AI040326, BF438495, AI650832, AW959882, BE857559, BF438494, BE219035, BF668359, BF697908, BE958065, AA313243, AI650393, AI818259, AA534633, AI033652, AI094737, AI693411, AI341518, W30723, AW197245, BE170654, AW051598, BE958204, AW938820, AW291994, AI274289, BE814871, AI221551, BE551765, AA035621, BG007999, AA653321, AA781232, AA634950, AA136077, N99062, BF431729, AW961161, BE669925, AW844472, BF668283, AA136161, AA722867, AA932876, AI659053, AA806117, AI474321, H87560, AA843369, AI435016, BE172432, H21542, AA361623, N47604, N45494, AI907694, AA332538, H87452, AA037342, AI284255, AA365059, AW797627, AW797609, BE074558, AW797590, BF827909, AW581248.
HMSJU68	356	427121	1 - 1109	15 - 1123	AV742802, AV736824, AV762141, AV753828, AV762045, BF916188, AV760835, BG222151, BG223218, BF061262, BF941567, AA828594, AW516505, BE676909, AA577958, BF060915, BG222210, AW873282, AW275790, AW276788, BE094185, AA558345, AA654640, AV743295, AA558510, BE676942, AA557706, AA557822, AW207035, BG223416, AW265566, AA559325, AW238403, AA558026, AV739745, AV760038, BG223515, AA578392, BG222140, AA558224, BF478305, AA578270, AA559188, BF958015, AW262059, BF478270, AA557769, AW270791, AA559277, AA569545, BG223580, BE085317, BG059176, AA559172, AW858170, AA507151, BG232125, AA627329, AV740217, AV701975, AA559340, BF941579, AA558286, AA548031, AA570788, AA502836, BG232137, BG230527, BG222163, AA577934, AA557810, AA595852, AA559288, BE085236, AA558019, BF885059, AA559233, AW963105, AA558045, AA578106, AI742874, AW593405, AW858152, AI825755, BG222255, BE503281, AA557725, AA502815, AI123361, AA559881, AI972281, AI350499, AI654949, BE672982, AA343913, BF478285, BG231208, BF475685, T57040, BF992614, AA558319, BG154204, AA558147, AA578489, BE073960, BF798988, AA578006, AA506533, BF001678, AW803144, AA558054, BE073961, AA559226, BG222123, BF592287, AA559152, AA558819, AA244130, BG222234, W20451, AW265531, H55799, BG222065, AA229363, BG230470, BF798970, AA559939, AA618488, AA635453, AW974805, AA650082, X04992.1, AF052051.1, AL160155.19, X04236.1, AL162581.11, AL137230.3, X05490.1, AC025770.5, X04235.1, AC007397.21, AC006334.3, AC007535.3, AF312913.1, AC011243.8, AC008114.25, AL391097.13, AC007957.36, AC008716.6, AP000556.2, AP000552.1, AC023490.5, AC073838.6, AL354766.17, AC015798.7, AL583828.4, AL132765.38, AC010305.3, AP000233.1, AP000147.1, AP001692.1, AC010374.5, AC010418.6, Z93241.11, AC018765.4, AC023468.6, AC005684.1, AL133519.28, AC005064.3, AL049710.18, AL033392.5, AL121752.13, AL117374.39, AC078889.20,

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HMSKC04	357	799540	1 - 1403	15 - 1417	BF843276, AA483606, H73550, AA570740, AV695478, AI623764, AW969743, AI342183, AA568204, AI369580, BF811714, BE315483, BG180976, BF804359, C75622, AI278089, C15060, AA829036, AW194325, AW161016, AL138182, AV763057, AC010191.24, AC004590.1, AL121586.31, AF168787.1, AP000046.1, AP001714.1, AL445686.14, AF222856.1, AF222854.1, AF222855.1, AP000104.1, AL138849.12, AL109758.2, AP001721.1, AL121758.24, AC008994.3, AP000512.1, AP001717.1, AL513008.14, AC018663.3, Z93017.6, AF042484.1, AJ003147.1, Z94056.1, AL118525.17, AC008738.6, AC011472.7, AL139342.7, AC005015.2, AC005756.1, AL355392.7, AC020906.6, AL136300.22, AC018755.3, AL512883.5, AC013429.12, AC004867.5, AL365445.11, AC005231.2, AC073347.3, AL391259.15, AJ400877.1, AC006236.1, AP001726.1, AL354720.14, AC005874.3, AF134471.1, AL136295.3, AL096840.25, U63630.3, AC069285.8, AC005295.1, AC004166.12, AC008753.8, AP001718.1, AL121845.20, AL136418.4, AL139054.1, AL049869.6, AC005049.2, AL049713.20, AC004150.8, AF002223.1, AC007938.1, AC010271.6, Z83844.5, AC079316.15, AL163281.2, AL157823.9, AC010530.7, AP000045.1, AP000113.1, AC007129.3, AC004228.2, AL158207.15, AL133163.2, AC011510.7, AC015801.25, AC010319.7, AC002544.1, U91326.1, AF307337.1, AC005971.5, AP000466.1, AC007374.6, AC002558.1, Z85987.13, AC008521.5, AC006238.1, AC005071.2, AL121771.17, AC006160.9, AC005940.3, AC004686.1, AC006040.3, AC013355.7, AC017033.5, AC005522.2, Z93241.11, AC011465.4, AF015416.1, AC005378.2, AC020552.4, Z99755.1, AL034549.19, AC090005.1, AC006965.3, AC011449.6, Z95113.2, AP001747.1, AL139035.27, AC007225.2, AP002852.3, AC009086.5, AC004024.2, AC004814.2, AC068319.4, AL132825.35, AL365444.11, AL163280.2, AF139813.1, AL356806.4, AP000787.4, AC011461.4, AL049871.4, AC005291.1, Z95152.1, AP001711.1, AC069262.24, AL355385.15, AL136137.15, AC006121.1, AL031283.26, AC011484.4, AL355589.8, AP001754.1, AC072052.6, AC005914.1, AC004983.2, AL121897.32, AL049709.18, AL096791.12, AL050307.13, AL133215.16, AC008805.7, AL132772.14, AC084865.2, AF047825.1, AF111167.2, AC005747.1, AP001705.1, AC044797.5, AL158830.17, AL050331.11, AC005103.3, AC004953.1, AC004051.1, AP001712.1, AL049569.13, AL354873.19, AL031311.1, AC051619.7, AF124523.1, AP000665.5, AC011736.4, AE000658.1, AC004701.1, AC068799.14, AC003684.1, AL138743.5, AC009570.13, AP001745.1, AL022322.1, AC072061.8, AP000014.2, AC083866.2, AL137129.4, AL121594.6, AC011895.4, AL133246.2, AL031587.3, AC004963.2, AE006467.1, AL161937.13, AP002812.3, AL450104.14, AC004878.2, AL121827.33, AC090509.1, AF121897.2, AC008747.5, AC005668. 1.
HMTBI36	358	1301451	1 - 3374	15 - 3388	BG256587, BE548463, AL134548, BE867461, BE409149, AW854259, AW854064, AI968217, AI651409, BF828833, BG258304, AL134549, BF825872, AI760574, AW502392, BF769439, AI146791, BF828754, AW503066, AI917343, BF846301, AL135082, AW001418, AI964094, AA845693, AW406355, AI203511, AA527307, AA232749, AW014101, AI972765, AI963870, BF892538, AI911155, AW854215, AI573189, AI970351, AI951888, AW854211, BF590826,

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HMUAP70	359	872208	1 - 1951	15 - 1965	BE613319, AV687447, AV725712, AV687625, BG166531, BE612728, BG114876, AV686519, AW952404, AV725638, AI061630, BE877777, BF055022, BF439548, BF692350, BF732575, BF967994, BG054984, AW372569, BE866270, AW160677, AV706186, BF690981, AA813278, BF206792, BE876393, BE645016, AV728247, BF195583, AI612729, BF446480, BF210620, AW167859, AW167862, AA521082, BF445077, BF698977, BE348758, AW753532, AA161332, BF665995, BF195330, AI806813, AI887683, AA843967, AA525839, AI869290, AA447934, AW068627, BE881059, AI912708, AA843171, AW206294, BF673423, AA402367, AA910679, AA037122, AI091239, AI422091, AA287736, AI816253, AI802199, BE042949, W56256, AW156905, AA779099, AI057601, BG168894, BE327200, AA781082, AA496466, AW022886, AW275342, AI091181, BE218417, AA873496, AI290167, AA992894, AI168731, N35917, BF028133, AI929639, AW003760, AA287895, AA774263, N22752, AA843277, BF001600, AI685261, AA283859, AI678620, AW403982, AA984140, AA056053, AA907413, AI361356, BF572327, AW157133, N94537, AI816334, H15827, BE383297, BE218532, AA931689, W17196, BE538941, AI027113, W33009, AA293343, AI079727, AW161562, AV749347, N92441, BE673987, W23456, AA410485, D81853, AA935683, D58802, N27027, H99819, AI004733, N30220, AW516664, BE702242, AA452710, N94329, BF692523, AW470953, BF681161, AI566161, AA258458, BE077323, AA910558, AI128706, AA664059, AI446094, AA872758, AA725042, AW160789, AV684142, BF762393, AA861311,

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HMVBN46	360	626667	1 - 1368	15 - 1382	AI419891, AL042667, AL042670, AC005661. 1.
HMWEB02	361	638159	1 - 1741	15 - 1755	AL526504, AL527976, BG025328, BF981832, BE893035, BG120208, BF037986, AA127629, BG116095, AV756005, BF337754, BG251098, AL526558, AL514858, BF000345, AW957722, BE907226, BE222397, AL527977, AA121531, AA121524, AA127621, BF528462, BG231815, AI310156, AI885185, BF382067, AI653011, AI816920, BF196680, BF059268, AI917727, AI492163, AA058429, BF665058, BE747130, AI703500, N94375, AW952799, AA522819, AI393275, AI633828, AA447649, AI129541, AI569654, BF058861, BF035607, AI554669, AI199561, BE466167, BE467836, AI597911, BG231643, AI146460, AI769369, AI955872, AI651857, AW327517, AL042115, AL514857, AI127476, AV717137, AI950367, AW468274, AA101965, AI422804, AI342065, AI422130, BF382605, H15332, AA780184, AI871310, AI637864, AA694161, W69776, BE903609, AA290675, BF541725, AI635393, N36538, AW016914, AW006534, BF038419, W94341, AI990389, AI289096, BF437625, AI634575, AA449346, AL047918, AI289186, AW352206, AI631814, T33895, AI336104, AI424274, AI052494, AI128384, AA722755, AA447041, AA602552, AI422522, AI040930, AI206504, AW590779, W69815, N92885, AW327573, BF092265, AI801837, AA758972, W88501, BF813945, R79538, AA868142, T31813, AI611065, AI459447, AI659739, T56923, AI969469, AA352595, AA443656, BF941829, AA486658, AI685615, AA886726, BG055808, AV693706, AI002067, AW518815, BF934511, BF939332, AA609306, AA056750, BG118168, AA099632, AI129170,

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HMWFO02	362	1352198	1 - 533	15 - 547	AI801412, AL353701.15, AP000252.1, AP000212.1, AP000134.1, AP001711.1, AC005332.1, AC004967.3, AC005488.2, AC016587.7, AP000031.1, AC004166.12, AL133332.12, AC074121.16, AC004962.1, AC010422.7, AC069262.24, AC018808.4, AC004890.2, AC006088.1, AC034193.4, AC084729.2, AF139813.1, AL354864.16, AC007993.15, U78027.1, AC004228.2, AL121890. 34.
HMWGY65	363	1308287	1 - 1960	15 - 1974	AW963001, BF059395, AW466899, BF590276, AI582610, AI281917, AI983184, BE501967, BF848401, BE219310, AI359514, AI582296, AI033082, AW594623, AW770514, AI088503, AI307166, AI818405, AW272259, AI143722, AW204164, AI590378, AI285806, AA004670, AI580084, AA904597, R51653, AW293660, AA968840, AA358991, AI278964, AW970496, AA836864, AA699611, BF003024, AA292694, T05806, R51562, AI935808, AW243480, AW243365, R14788, AV741332, F37583, AA365140, AI814209, BE842966, AA004251, AW103604, R40100, H46612, AI270512, AA092304, AI989617, R63257, AV734885, AL161751.2, AL450109. 3.
HNEAC05	364	519340	1 - 876	15 - 890	BF095683, BF767062, AL121059, BE082604, AB011104.1, AP003473.2, AP001573. 3.
HNEEB45	365	1036397	1 - 1029	15 - 1043	AW007722, F08319, C14331, AW978633, D80132, AV718681, AW949655, L81855.1, AC003677.1, AC048330.20, AC018769.2, AL513342. 7.
HNFFC43	366	753337	1 - 2089	15 - 2103	AL048903, AI678076, BF527660, BE728354, BF317174, BE409263, AL530934, AL042801, BE729268, AL041340, AL530935, BE314879, AL042802, AW190561, BE313085, AI961484, AU154235, AU132769, AW027201, AI424792, AL524550, AA864499, AI432437, AA917094, AI934618, BE327057, BE383358, AI499074, AI344032, AI955647, BG253760, AA572961, AL048902, AW769938, BF509684, BE208853, AI342638, AI761488, AW732625, BE259667, AW974120, AI564533, W51904, AW961340, AI289643, AW971194, AW272378, BE297579, AI867205, AI796156, AA884306, BF002574, BF927739, BE885728, BF847648, AA456581, AA918441, AL524551, BF918942, AI766564, AW769937, AA493778, BF918936, AA304712, BF869582, AI168435, AU126961, AA298993, AA377693, AW769673, AI383037, H67555, AA322347, AA221032, AA713594, AI366484, AL039675, BE273248, F24965, AW797208, AA426295, AA322180, AA322590, BF919436, BF919454, BF919453, BF919451, AW178871, AI538564, BF752997, AI766348, AI701097, AW080090, AI367680, BF812961, AI619820, AI633125, AI828682, AI818240, AW152182, BF811804, AI796113, BF968679, BF669151, AI800648, AI500714, AI702073, AI884318, AI590043, AI868680, BG122005, AA740450, AI866469, AI971615, AI345415, AI934259, AI570056, AI433157, AL046466, AI819545, AI499570, AI698391, AI440448, AI915291, AI434731, AI445829, AI889189, AI638644, AI370623, AW188525, AW008226, AI699823, T69241, AI635634, AW148363, AI818350, AW089844,

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HNFIU96	367	460611	1 - 442	15 - 456	BF062478, AC006238.1, AC002551.1, AC024028.10, AC013717.8, AC005529.7, AC008440.8, AC005089.2, AC068533.7, AC002301.1, AC020913.6, AC008569.6, AL138776.10, AC074121.16, AL162426.20, AC005562.1, AC020928.6, AL020997.1, U91321.1, AP001718.1, AC009244.24, AF030453.1, AC007256.5, AL163279.2, AL121579.4, AC006211.1, AC025438.5, AC091118.2, AC002299.1, AC006483.3, AL450263.15, AC006012.2, AC011465.4, AC008635.6, AL122001.32, AL008730.1, AC078962.30, AL162458.10, AL139415.10, AF053356.1, AC020934.7, AL009031.1, AC010319.7, AC068799.14, AC005088.2, AL359091.10, AL137059.20, AC004967.3, AC004491.1, AC005682. 2.
HNFJF07	368	577013	1 - 602	15 - 616	AA487061, AA486615, D78759, AC002091.1, AC004089.25, AC005015.2, AC039056.7, AC006329.5, AC005081.3, AC084693.2, U91323.1, AC002352.1, U82668.1, AL391259.15, AL109897. 30.
HNFJH45	369	410107	1 - 561	15 - 575	AL512382.12.
HNGAK47	370	561488	1 - 1130	15 - 1144	AL390802.2.
HNGAP93	371	520227	1 - 689	15 - 703	AW064091, AC005344. 1.
HNGBC07	372	1037631	1 - 1635	15 - 1649	D80268, AW960553, D80212, D59859, AW966534, AW978661, AV720151, D80253, AV701839, AW952839, AV699447, AW958993, AW973490, AW959597, D59619, AW978634, D80210, D80240, D80366, D59889, AW959799, AV720878, D51423, AW966331, AW949656, D80439, D80219, D57483, AW973482, AW966059, AW966398, AW966342, AW966369, AW973474, AA305409, AW975613, AW966368, AW959136, AV718489, D80166, AW973445, AW964967, C14389, AV719557, AV720616, D51799, AV722801, AV719822, AW966053, AV718692, AW973307, AW973447, AV719324, AV718938, AV718633, AW975605, AW966378, AW975618, AV719913, AW950578, AV718707, AW973488, AW966386, AW960454, AV720211, AV718931, AV720729, AV720731, AW973334, AW966388, AW966397, AW949498, AV723927, AV699866, AW949642, AW973473, AW959202, D81030, D80391, D59787, AW966029, AV718440, AV720028, AW966075, AW966065, AW966022, AW964737, AW960465, D80188, AW966332, AW966399, AW966531, AW958992, AW956397, AV702451, AW966041, D58283, AW966333, AW966013, D59275, D80248, AW960483, D80038, AW962082, D80022, AW949586, C14331, D80024, AW966330, D80195, AW975621, AW978648, AW966385, D59467, D80247, AW959582, AV692290, AV654329,

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HNGBT31	373	408334	1 - 625	15 - 639	AA780406, AC003089.1, AC005367. 1.
HNGDG40	374	532617	1 - 506	15 - 520	
HNGDJ72	375	532619	1 - 510	15 - 524	AC027689.10.
HNGDU40	376	597526	1 - 1021	15 - 1035	AA613157, C14389, D80043, C15076, D80045, AV718707, C14429, D59787, AV700229, C14014, AV719049, D50979, D59502, AV699669, AV719324, D51250, AV699866, D59467, AV701130, AV701149, AV742720, AW966053, AV719913, AW949656, D80166, D59619, D80210, D80391, D80240, AV723927, AW978634, D80212, AV720211, Z21582, D80196, AV718844, AW949642, AW975621, AV719468, AV744770, D81026, D80219, AV699447, AV719822, D81030, AV718692, AV701004, AW966531, D59859, D51423, AW973307, AW949655, AW949629, D51799, AW960553, D80253, D58283, AV718489, AW949631, AW949643, AV719557, AV720731, AV722801, D80195, D59889, D57483, D80188, AW949653, AV720034, AV719783, AW975618, AV720464, AW959202, AV718800, AV720203, AV719188, D80227, AV718770, AW966062, AV720028, AW959628, AW959570, AV724520, AV720150, D80193, AW965158, AV699550, AW966534, AV699927, AW966054, AW973447, D80949, AV699682, D80022, D59927, D80269, AV718440, AW949645, AW949657, D80038, AV700895, D80366, AV701123, AW959582, AV723097, AW965177, AV721386, AW966013, AW949641, AW949633, AW949632, AW949618, AV700622, AW966043, AV700889, AV720812, AW966050, D59275, AW978661, AW966041, AW949646, AV718681, AW949658, AV700159, D80024, T03269, AW959597, AW960414, C75259, AV718633, D50995, AW975605, AV720791, AW949654, D80378, AW964488, AW960465, AV720654, AV699746,

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HNGEO29	377	532622	1 - 477	15 - 491	
HNGEP09	378	499076	1 - 1028	15 - 1042	AW275971, AI369580, AW576034, AL353692.14, AC004638.1, AC027319.5, AC007011.1, AL354932.26, AK000932.1, AC074121.16, AC019171.4, AL390374.16, AJ400877.1, AL158830.17, AL109897.30, AC008403.6, AL121929.17, AC016025.12, AC002390.1, AL360227.17, AL049709.18, AL353777.18, AC004890.2, AC005098.2, AC005015.2, AL354794.16, AL590762.1, AC020931.5, AP001695.1, AC005052.2, AL121754.18, AC073655.26, AC004166.12, AC005225.2, AC010328.4, AC004876.2, AL133353.6, AP000553.1, AL136418.4, AL139054.1, AC004985.2, AL354873.19, AL121897.32, AC003962.1, AL121972.17, AC011472.7, AC011462.4, AC073316.6, AC079602.15, AL590763.1, AL023575.1, AC007216.2, AC005049.2, AL139095.15, AC005033.1, AD000092.1, AL133453.3, AC011514.3, AC008072.3, AC009123.6, AC006130.1, AC005899.1, AC005800.1, AC016995.4, AL021368.1, AP003439.2, AC005740.1, AC004893.1, AC013726.7, AC007546.5, AL031727.42, AL109984.14, AC005280.3, AC020629.6, AL445490.6, AP000067.1, AC003010.1, AP000506.1, AC004520.1, AL121586.31, AB043547.1, AP000501.1, AC007030.3, AE006467.1, AC012476.8, AL512347.14, AC010203.13, AC004217.1, AL133387.8, AC051619.7, AC002504.1, AL096791.12, AL133347.28, AC004826.3, AC004910.1, AL031663.2, AC006544.19, AC069282.6, AF111168.2, AC005089.2, AC002551.1, AC020908.6, AL022323.7, AC011443.6, AC005914.1, AF001548.1, AC010271.6, AL049569.13, AC079630.18, Z93015.9, AL133246.2, AL356299.16, AC002984.1, AL121658.2, AC006088.1, AC006349.3, AC006125.1, AL096840.25, AC005971.5, AB000882.1, AC005519.3, Z93241.11, AL031447.4, AF196969.1, AC007686.5, AC005041.2, AC016587.7, AC009144.5, AC010618.7, AC009137.6, AL121903.13, AL512378.7, AC024028.10, AL117381.32, AC008392.6, AP003357.2, AL137162.25, AL139317.5, AC004626.1, AC006329.5, AL139396.17, AC007956.5, AC020552.4, AL139352.16, AC003065. 1.
HNGHR74	379	553443	1 - 1081	15 - 1095	

HNGIH43	380	410179	1 - 413	15 - 427	AC020644.6.
HNGIJ31	381	519120	1 - 782	15 - 796	AU147901, AA376128, BE562634, AC051619.7, AC020629.6, AL445531.10, AC009412.6, AC005052.2, AC079383.17, AL009172.1, AC016637.6, AK022380.1, AC004032.7, AP000555.1, AC009789.21, Z83851.17, AL359643.27, AC011005.7, AC008521.5, AC008635. 6.
HNGIQ46	382	526651	1 - 513	15 - 527	BF960121, AA170832, AA585155, D53447, C14391, AV746334, AI541205, AV745704, AV758830, AW962651, AV755445, AV710906, AI546971, AV713182, AV717678, AV758166, AW950194, AI557808, AV762064, AV763339, AV646672, AV707414, AV756720, AV762898, AV761529, AV711001, AV759474, AV758483, AV763126, AV710831, AC006443. 1.
HNGJE50	383	561568	1 - 1023	15 - 1037	
HNGJO57	384	579737	1 - 814	15 - 828	
HNGJP69	385	604891	1 - 971	15 - 985	AL041375, BF525663, H81406, AA599712, AI952574, AC008967.3, AL035407.15, AC007308.13, AC002470.17, AC008626.5, AC010458.5, AC007263.4, AC018809.4, AC002425.1, AE006464.1, AL121594.6, AL031005.1, AC004223.1, AC018642.6, AC009783.9, AC005037.2, AC007546.5, Z82208.1, U52112.1, AC008848.7, AC005079.6, AC006329.5, AC008760.6, AL136131.15, AL121588.24, AL121809.6, AC009229.5, AL353579.17, AC015971.4, AL031774.1, AL033519.42, AP000744.4, AF278704.1, AL031258.12, AC007249.5, AF168787.1, AC005399.19, Z84476.6, AC005080.2, AC008379.6, AC008805.7, U82828.1, AL132657.33, AL109797.18, AC004883.2, AL354864.16, U96629.1, AC083884.6, AC005237.2, Z83838.2, AC002310.1, AF111168.2, AC008543.7, AC002543.1, AC026672.44, AC087240.17, AC010311.8, AL356804.4, AL132780.5, AL161670.4, Z98257.1, AC016769.10, AP001714.1, U95739.1, AC005066.1, AC002395.1, AC011482.4, AC004230.1, AC022211.5, AP000008.1, AL354935.23, AL139415.10, Z82174.2, AP001712.1, AC006023.2, AL590762.1, AC013434.8, AC010485.5, Z98304.1, AC010102.3, AC020552.4, AC006970.6, AC004019.20, AL049759.10, AL050341.18, AL133286.9, AL022316.2, AL049872.3, U63721.1, AL035252.5, AC007676.19, AF053356.1, AL109840.24, AC007316.4, AL356354.10, AL121992.24, AL445687.5, AL136126.34, AC005666.1, AP000133.1, AC019205.4, AL049868.20, AC012089.13, AC090517.2, AC003080.1, AL138958.18, AC008044.4, AJ277546.2, AC008403.6, AC005103.3, AC010618.7, AC004491.1, AC083863.2, AC004840.3, AC006026.2, AC073492.18, AP000553.1, AL096701.14, AL049830.3, AC007050.25, Z97985.16, AC011487.5, AB015355.1, AC005476.4, AL049569.13, AL132777.4, AC004824.3, AC008521.5, AF047825.1, AL359397.3, AL160256.21, AC079833.4, AC078846.2, AP000211.1, AC007707.13, AC025519.10, D88268.1, AL008730.1, AC000134.14, AC005523.1, AC090527.3, AC008616.6, AL035681.13, AC011455. 6.
HNGJT54	386	498272	1 - 1096	15 - 1110	
HNGKN89	387	834857	1 - 911	15 - 925	BF893260, BF893278, BF893425, BF893276, BF893263, AW248583, BF893269, BF893272, BF893265, BF893275, BE856505, AI918922, BF893268, AW794915, AW904504, AW834852, BG231506, AI374775, BF893279, BE149619, BF893568, AU141987, BF997144, AI114816, BF110748, BF893405, BF942210, BF990134, BF942097, AL031674.1, AL356266.9, AL359085.14, AC019210.7,

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HNGOM56	388	836064	1 - 942	15 - 956	AA714124, AC016720.9, AL357075.17, AC008440.8, AF283321.1, AL137792.11, AC006060.1, AC004859.2, AL353668.18, AC004057.1, AL031311. 1.
HNGOU56	389	843515	1 - 728	15 - 742	
HNGOW62	390	892160	1 - 1284	15 - 1298	BF755895, AB011086. 1.
HNHAH01	391	496115	1 - 891	15 - 905	AC005187.1.
HNHCX60	392	520300	1 - 748	15 - 762	AA584924.
HNHCY64	393	520294	1 - 711	15 - 725	
HNHCY94	394	520298	1 - 592	15 - 606	AC006356.3.
HNHDW38	395	531908	1 - 779	15 - 793	AF054925, AC005971.5, AJ009616.3, AL391119. 8.
HNHDW42	396	410114	1 - 412	15 - 426	AP000313.1, AP000193.1, AP000050.1, AP000117.1, AP001718. 1.
HNHED17	397	1352204	1 - 829	15 - 843	AC004613.1.
HNHEI42	398	985880	1 - 2628	15 - 2642	AI535686, AL512658.12, AL356791.9, AC007880. 2.
HNHFO29	399	463568	1 - 685	15 - 699	N68677, BE063506, AA659190, AW063123, AW797598, AW337282, AW074332, BF844388, AA573067, BF844391, AA504679, AA578326, AW499708, BF678990, BF913236, AA749062, AA330576, AC060231.6, AC022027.5, AC023105.7, AL031005.1, AC007221.2, AP002852.3, AP000907.5, AC007541.9, AC020663.1, AC007263.4, AC027124.4, AC004217.1, AC008569.6, AL034379.8, AL022311.5, AF001551.1, AC011472.7, AC012512.7, AC009244.24, AL590763.1, AC018695.6, AL353804.22, AJ295844.1, Z79488.1, AC011114.5, AC011465.4, AC004159.1, AC004805.1, AL356805.5, AC017111.4, AL133477.16, AC005480.3, AL049871.4, AC002288.1, AP000338.2, AL354735.14, AL031120.1, AP000216.1, AC073316.6, AL031597.7, AL138724.12, AL121759.25, AL049793.4, AC018868.4, AC007225.2, AC012085.4, AC007421.12, AL590762.1, AL034377.1, AL139233.8, AL035420.15, Z83844.5, AL354773.8, AC006455.2, AC007110.3, AC005335.1, AC007365.3, AC007298.17, AC002980.1, AC004019.20, AC004477.1, AL139105.17, AC002045.1, AC005971.5, AL139385.12, AL359552.16, AC011500.7, AC010627.5, AC011445.6, AL109827.8, AC002394.1, AL109963.4, AC020906.6, AC011475.6, AC073542.4, AC006139.1, AC006319.3, AC090939.1, AC008543.7, AC073347.3, AC010422.7, AC011479.6, AC010878.4, AL450266.9, U73647.1, AL355385.15, AL121808.4, AL160492.5, AF172277.1, AC010768.9,

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HNHFR04	400	646709	1 - 1667	15 - 1681	AC012354.8.
HNHFU32	401	562728	1 - 593	15 - 607	AI809098, AA758603, AA833679, AW371598, AW371593, AA524974, AC004216. 1.
HNHOD46	402	843488	1 - 1341	15 - 1355	AV700498, BG164166, AV700988, AV700545, AL037632, AV762783, BG260565, AV714931, AV760723, AF074667, BF792326, AF034176, BE796439, AW962035, AW976010, AA524604, AV760360, BE541237, AU118837, AV719941, BF678427, AL138265, AW188427, AV733710, AL048626, AU117926, BE909125, AV764490, AU119532, BE067011, AL534817, AV699709, AV686853, AV722030, BE393367, BE538259, AA708751, AI732911, BF346320, AW970915, AA526787, AW131249, AU147226, AV763174, AV760497, BF805173, BF968141, AV762900, AV759711, AV759356, AV760364, BF307044, AV762902, BF679169, AV759686, AV762779, AW963982, AL042906, AV759684, AV762001, AV759683, AL135377, AV734543, AW408643, AU155227, AV759046, AA601355, BF913258, BE273856, AL044340, AA081138, AI952885, AA584482, AV734401, AL042905, AV722075, AV737621, BF666736, AA211734, AW080062, AV762002, AV761309, AI791227, AW961160, AV763305, AI038990, AV759172, AW102955, AA708108, BF381650, BF828714, AI685198, AI679294, BE066950, AV763952, AA831913, AI679871, AU145521, AI204309, AW151713, AW069670, AA481760, BF892846, AW130036, AV763135, AU140392, AA284247, AW102811, AA722372, AW008212, AU158859, AA640277, U51704, AU155168, BG258140, AW088689, AU155048, AA577824, BE387734, BE867712, AL119123, AW079809, AA601326, BF968610, AA515829, AC008440.8, AC011531.7, AC002302.1, AC027319.5, AC005484.2, AC005972.1, AC010469.7, AL109743.4, AC005077.5, AL035398.19, AC020916.7, AC022211.5, AC002301.1, AC018808.4, AP001711.1, AC008745.6, AC000052.16, AL035587.5, AC008720.6, AC007421.12, AC003101.1, AC034193.4, AC025593.5, AC006511.5, AF045555.1, AC007374.6, AL096814.26, AC005081.3, AL445685.17, AJ400877.1, AC004985.2, AC020558.4, AC009516.19, AC008443.8, AL031447.4, AC006028.3, AL121992.24, AC011465.4, AC008655.6, AC008616.6, AL135928.6, AL513550.9, AL031295.1, AL050335.32, AL049780.4, AC005052.2, AL390060.14, AC011005.7, AP001717.1, AB023049.1, AC007000.2, U82668.1, AC005840.2, AC006530.4, AF111168.2, AC018809.4, AC002477.1, AC011443.6, AC018751.30, AC008622.5, AC023058.17, L78833.1, AC007956.5, Z85986.1, AC072052.6, AL137067.7, AC018635.6, AC002059.3, AC004824.3, AC026172.3, AC018506.4, AP000116.1, AL135927.14, AC007227.3, AL445248.7, AL590763.1, AC005914.1, AP001727.1, AL158207.15, AC010320.9, AP000557.2, AL050318.13, AL139809.16, AC008764.7, AC004882.2, AC007731.14, AJ312686.1,

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HNHOG73	403	835026	1 - 788	15 - 802	AA584096, BF853760, AL137798.8, AL049569.13, AL137802. 7.
HNHPD10	404	834927	1 - 926	15 - 940	
HNTBI57	405	570877	1 - 1351	15 - 1365	AL528725, AL517370, AL525337, AL528721, AL517371, BF688870, AL528722, AL528048, BE799446, BF980673, BE735750, BF025756, BG260476, BE799805, BE736521, BF026765, BF688394, BG165306, BE904284, BG105071, BE259792, BE791234, AV706017, BE266425, BF220099, BE513467, AW009838, BE251361, AW248475, BF984306, BE390525, BF315816, AW248520, AI817167, AW956166, AW149722, BE410046, BG235966, AI188457, BE300532, AW005514, AI124027, BE220534, AI923575, AW471497, AW473722, AI366112, AW104750, AI480234, AA452511, AI696876, AW964824, AL110339, AI804579, BE540036, BE253483, AA740396, AW000853, AI091327, AA452655, AI184221, AA864258, AI192782, BE258188, AI636166, AA402090, AW405644, AI289600, AI299237, AI309629, AI923569, AA450027, BE168977, AA829783, AA505829, BE837825, AW129039, AI802674, BE255478, AA359415, AA373622, AA335352, N27053, BF915342, AA454095, AA852853, AA149479, AA341041, AI523984, BF920668,

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HNTCE26	406	1160395	1 - 2149	15 - 2163	BG252201, AV726464, AL529709, BE894106, AV726994, BF970560, BF132059, BF977798, AI703275, AW512938, BG164577, AL529708, AI767521, AI823746, BE220262, AA583438, AI143608, AW468337, AI949854, AV727138, AI620344, AI209187, AI630993, BG007081, AI004986, AI565892, AV715169, AI367983, BF056815, AW394003, R70620, BG007658, AA152183, BF381743, AA565300, AA088574, AA931697, AA995899, AI025252, AA297479, T84083, AW138535, H71679, Z45535, AA297478, AI865989, AA367654, AA150060, AA044326, AW338484, D29436, R24591, AI005551, H00983, H39751, AI669105, T83438, BF091777, AW138127, R21165, BF083909, BE934286, R76620, AA971307, AA745052, AW945769, AI554153, T84151, BE550213, H01724, AW051517, AW373316, AW373313, T89390, BF083903, BE541509, AA180271, AI263504, AF303588.1, AF140242.1, AL133390.7, AF056032. 1.
HNTNC20	407	700627	1 - 1965	15 - 1979	BG179496, BG254440, AA573206, AI735586, BE326906, AA131359, BF668303, AI522318, AI376670, AW241377, BE350501, AA452451, AA131240, AW242329, AI540415.
HNTNI01	408	1352285	1 - 2073	15 - 2087	AA447485, AA196688, M86015, AI750365, R13985, BF356780, N28763, AC005028. 1.
HNTSY18	409	1041383	1 - 1797	15 - 1811	AW470226, BF058886, AI692966, BF058139, BE218656, AI281699, AI241829, AA613450, AC004877.1, AL137162.25, AJ400879.1, AC011551. 3.
HOAAC90	410	1301202	1 - 628	15 - 642	BF508077.
HOACB38	411	520201	1 - 592	15 - 606	AI439525, AA493464, AI348780, AA653139, AW502688, AA689351, AI887235, AI570067, AW813106, AC069262.24, AC007421.12, AL354735.14, AC004382.1, AC009131.6, AC090939.1, AP000359.1, Z86090.10, AP001748.1, AL049843.18, AL021391.2, AC015801.25, AL133243.1, AD000092.1, AJ003147.1, AF243527.1, AC004125.1, AC007991.7, AL035086.12, AP001724.1, AC006038.2, AL121886.22, AL133448.4, AC007981.46, AC005207.1, AL359853.18, AC002477.1, AF205588.1, AC013429.12, AL121809.6, AC004980.4, AJ229041.1, AC002430.1, AC011475.6, AC009123.6, AC008521.5, AC009506.5, AL139099.2, AF207550.1, AE000661.1, AC006141.2, AC010412.7, AC007899.3, AC005746.1, AP002360.4, AL359751.12, AC011811.42, AL158207.15, AC009144.5, AC007954.7, AL136179.15, AC000353.27, AC010319.7, AC039057.8, AC008044.4, AC005332.1, AC020552.4, AC008569.6, AC007064.27, AL138752.5, AL049830.3, AC015971.4, AC026749.5, AC016637.6, AC008567.4, AL354932.26, AC008891.7, AC011247.10, AL357515.26, AL139316.5, AC018644.6, AC012170.6, U91323.1, AL121992.24, AF258545.2, AL133370.4, AL020997.1, AL163201.2, AC008403.6, AC004816.1, AF168787.1, AC005522.2, AC027319.5, AC007384.3, AP001630.1, AC013717.8, Z95114.19, AL009181.1, AL161436.12, AL133367.4,

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HOCNF19	412	835049	1 - 1104	15 - 1118	F02459, Z17835, AI264655, BE011950, AV729096, N77968, BF807259, AA658839, AI076081, AW804948, BF987026, AC008078.11, AP002898.1, AL157369.7, AP002392.3, AC010999.6, AL353581.14, AC007383.4, AL133551.13, AL161659.17, AL132772.14, L81392.1, L81391.1, AC005317. 1.
HODDF13	413	684307	1 - 816	15 - 830	AC011245.8.
HODDN65	414	520348	1 - 741	15 - 755	BF526964, AV734149, AV760019, AI246796, BE063437, AL135377, AI061313, AA515048, AW274191, AI306232, AL046519, AI251576, AI248050, BF828714, AI311647, AW973992, BF826830, AI207465, AW505253, BF340002, AA303007, AW243793, AA704393, T05118, AI583466, AA504818, T74524, AW855643, AW468048, AA737309, AW732205, AI270177, BF821897, AV755654, AW504168, BG222813, AW965008, AI085242, AW516080, AW500684, AL079734, BE077105, AI380617, AI499954, BE062478, AW237905, AA806804, AA484201, BE148969, AV703187, AI612142, BF724699, AA513551, AA730305, AA515728, AW970940, AI491755, BE301584, AW963444, AI192440, AI053827, AV741663, AA524616, AA515723, AW975626, AA827383, AA678950, BF447461, AW963463, BE138594, AA484366, AI610941, AA829036, BF811714, AW407632, AA569089, AI583252, AA502532, AW502873, BF990660, AW969941, AL046471, BF821009, AC006111.3, AP000553.1, AC004644.1, AL162551.3, AL356481.16, AC005225.2, AC005484.2, AC026230.5, AL354889.14, AC006483.3, AC005229.1, AB044947.1, AL138759.20, AC008102.17, Z84468.1, AC010202.6, AL022311.5, L78810.1, AC004851.2, AL008725.1, AC015550.18, AL359092.14, AF006501.4, AP000075.1, AL022165.1, AC010326.6, AC007151.2, AL031685.18, AC006974.2, AC011530.6, AC005821.1, AC011462.4, Z97876.1, AL049835.3, AL136160.18, AL122001.32, AC004448.2, AC009247.12, AC004686.1, AC010378.6, AC006388.3, AC010255.9, AC009311.3, AC004821.3, Z99716.4, AC005480.3, Z86090.10, AF279660.2, Z98044.13, AL133387.8, AL035462.21, AL049569.13, AC007249.5, AC010363.6, AC002400.1, AL109930.8, AL121675.36, AC018636.4, AC008641.6, AC008974.7, AL121845.20, U63630.3, AC002312.1, AJ003147.1, AC004234.1, AC090527.3, AC009077.7, AL035086.12, AC008072.3, AL031587.3, AC024093.46, AC007620.30, AC091529.1, AL109963.4, AC020901.8, AL133286.9, AC005077.5, AL359091.10, AC009812.17, AL049766.14, AC006077.1, AL022238.1,

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HODDN92	415	422913	1 - 1925	15 - 1939	BG116781, BG110501, BE150456, AI742087, AA453725, AI917507, AW769479, AI860142, BE326465, AI459289, AI860141, AW963123, BE646467, AA868553, AW872412, AW971193, AW277065, AI921333, BF576826, AI024689, BE466760, AI354470, AI005467, AW103830, BE045272, AI827987, AA442638, BF109829, AA813604, N28268, AA442648, AA563934, N63406, AA833517, AA663108, AA437299, AA632986, AA436880, N58885, AA812876, AA447794, AA442379, N58892, AW020895, AA522837, AA600372, AA229448, T78981, AA663178, AV693238, AI187977, AV696576, AI472712, AA229164, T85178, AW270324, AV683374, R64648, AA333708, AA703066, AW961515, BE093710, T78927, R64655, BF802058, R95914, T84294, AA551512, AA460220, AI916737, R31132, AA359583, AI217018, N56349, AI191725, BE835233, BE835385, T84796, AV741009, BE835410, AI084517, N83238, AW362842, AA247541, R31089, T91125, AA493776, BE818350, BE818352, AI253986, R31247, AW303285, N95696, BE708493, AA678297, AI003856, BE818343, N95562, AW024721, AA862707, N95587, AA401399, AA399957, AW511080, AL157879.7, AL021368.1, AL009030.15, AL049987.1, AL133255.13, AL390738. 4.
HODDO08	416	790333	1 - 1762	15 - 1776	BF037067, BF690178, BF037467, BF690717, BE613160, BE262757, BF690612, AA878758,

					AA910686, BF691447, BF038260, BE613000, BG169000, AA863301, BF897824, AA401453, BE265475, AW339332, BF897816, AA565753, AA551055, AI093151, AA099024, AA699676, AA133969, AA471069, AI693843, BF036820, BF196905, AI911997, AI924160, BF815573, BF897801, AI360309, BF432589, AI813844, AA504750, AI686753, AI806115, AI261776, AI310423, BF940128, AW403869, BE742893, AA134035, AA070230, AW117201, AW026697, AW197588, AW338979, AI123979, BG112376, N98997, AW583508, AA582249, AI654526, BF477527, BE964777, AW628128, AA223526, AA171790, AA971846, H73796, AA171423, AI147095, AA070339, AA693726, AA983737, AA678212, AA070177, AW674690, BF573100, AI085327, AA132700, AW268656, AI923994, AI418621, AI278584, AI248228, AA504652, AA780169, H73783, AA292088, AA693704, AW957393, AI418336, AI740694, AI868945, AA292108, BF964464, AA132811, BE620176, AA100497, AI302064, BF573156, AI039893, AI219311, BE567691, AI192239, AW247578, AI289150, AI564731, H80411, R55471, AA975469, AI494533, AW044091, AI948639, AA863079, W24068, AI061079, BE313730, AI305164, H16101, AI630630, R21932, BF573651, BG057973, AI283354, AI003108, AW999148, H16102, AI268012, R55472, N67966, AA363605, BF691459, BF038622, AI383210, AI350432, AI698241, AA098910, AI122984, AA011640, AI452472, AA070149, H96713, AA046634, BF903467, BG105768, BF762692, N51622, AA303985, AW149938, AA405427, AA121746, AA484923, D20184, H17092, H73784, AA484823, AA379017, AA346687, BF809804, AA371365, AA121692, AA370670, AA248199, AA011641, R05554, D80913, AW884514, AW166740, AA664999, BE961160, AA294828, BF812313, H73797, H80412, BF798512, R22581, AA046773, BE858968, BE812881, BE775032, D53438, BF511095, BE812879, AA716159, BF038847, AA875914, Z20288, AA345058, R05449, BE789328, AW969365, AW499915, BE898856, BE762335, BE938247, AW956340, BF689788, BF933273, AV685029, AW999572, BE313283, BE962739, AW999933, BF753569, BF753462, BE349202, AL035683.9, AL157838.24, AC007782.20, AC025594.5, AL031681.16, AC008073.4, AC027670.4, AC008745.6, AL096791.12, AL137786.2, AC006449.19, AL031587.3, AL033378. 12.
HODDW40	417	579256	1 - 668	15 - 682	AI915508, AC009116.7, AC004930. 1.
HODEJ32	418	835027	1 - 725	15 - 739	AI671275, Z69713. 2.
HODFN71	419	1194866	1 - 1112	15 - 1126	
HODGE68	420	834907	1 - 837	15 - 851	AW812930, AI741403, AI193921, AA292663, AW812933, AV707090, BF892766, AA528261, AA513570, BE152032, AW812788, AL139296.4, AL355886.4, AL512449.6, AL360179.8, AC005284.1, AC011246.6, D84394.1, AC034245.4, AC012361.10, AL133373.5, AC027287.20, AL078634.24, AC012039.10, AB020863.1, AL158064.16, AL138758.7, AC034240.4, AL121575.24, AC016045.8, AL157819. 15.
HOEBK34	421	768325	1 - 733	15 - 747	BE463714, AI016683, AW779895, AA632933, BE180615, AL157827.17, AB011792. 1.
HOEBZ89	422	828177	1 - 2506	15 - 2520	BF685342, BG110312, BF685502, BE070832, AW177053, BF815287, BE300677, AW239056, AW750775, BE303001, AW852115, T85313, AW751809, AI783820, AA362844, AW795506,

					AW377523, T85527, AI090377, AA809125, AW504667, AW813589, AA831426, BF840290, AA533066, AA313025, AI924950, AW963489, AI754421, BF964936, AC010087.3, AL391137.11, AC090051.8, AC026866.8, AC004453.1, AL035089.21, AP000014.2, AC004491.1, AC018926.10, AF196779.1, AC006251.3, AC005670.1, AC003025.1, AP001169.1, AF139813.1, AC008134.3, AP001729.1, AC004228.2, AC006324.3, AL049713.20, AC000120.1, AL163249.2, Z84466.1, AP000501.1, AC008812.7, AL158210.12, AC004701.1, AL139021.6, AL139035.27, AL035460.15, AC020655.10, AC067941.7, AC003015.1, AC006464.3, AC026787.4, AC007006.3, AC023472.4, AC005736.1, Z99716.4, AL157702.10, AL031678.2, AP001858.4, AC016397.5, AL135752.6, AC018832.4, AL133466.22, AC005863.1, AC005837.1, AL162390.9, AC016772.8, AC007344.3, AC016691.10, AC012499.7, AL139350.17, AE000658.1, AF130247.2, AC004849.1, AC019050.4, AC007620.30, AL161731.20, AL049830.3, AC018764.6, AC022468.5, Z97196.1, AP001574.3, AL034402.9, AL158040.13, AC010002.6, AC005288.1, Z97055.1, AC011485.6, AL161935.10, AL356575.8, AL163206.2, AC009756.9, AC021188.6, AL355612.8, AL049795.20, AC004953.1, AC007533.2, AL121586.31, AC019041.8, AC011495.6, AC006312.8, AC068466.4, AC009961.11, AL022576.1, AC012039.10, AC011455.6, AP002812.3, AL451086.6, AL390882.12, AL138758.7, AL139113.21, AL133367.4, AL109743.4, AC005730.1, AC026431.3, AL121582.19, AL117381.32, AC007679.4, AL513008.14, AL162426. 20.
HOEDB32	423	634994	1 - 1448	15 - 1462	BE728085, BF525463, AL043598, BE379024, BE729709, BE388931, BF058202, BE389160, BF219910, AA937045, BE888648, BF983683, BF058514, BE729777, BE386542, BE270287, BF220144, BF732488, BF205132, N37022, AI806995, BE302761, AI218926, AI040017, AV700992, BF204637, AW269653, AW664365, BF851636, AA558441, AI971923, BE389935, AI971822, AI984087, BF109553, BE149505, AI371806, BE466285, N63999, AI218921, BE896831, AW105333, AW264122, H97490, BF830445, AW410288, AW856197, AI041603, AW469216, N28797, BE379424, AW662759, AI218000, AI283819, AA789225, AA916425, W67366, AI354311, AW517796, AI343922, AA872912, BE207555, AW410287, AI751344, AI537028, AW379887, AI469495, N23215, AA305895, AV700226, AI399649, AW602751, AI857609, BF832669, BF738545, BF732356, AW960917, W67367, AI093054, AW132083, AA613324, AI220983, AW241183, AJ239424, AW876666, N32087, AI126987, AA722964, BF361409, AI312696, AI193728, H93764, W24695, H11009, AW876671, BF515670, AA166810, AI754948, AA166918, N93890, N93062, H92111, AI208255, AA994700, AA341436, AL043597, AI751345, T58592, R57961, BF929058, AI015141, AA375135, C01839, H14764, AW889983, D12283, BF755440, H06898, AI868297, AA594530, AA303707, AA535409, AA373071, AA885934, AA359174, AI280938, D83887, AW889975, N88528, BE673462, AA341295, BF088497, AA090557, H06857, BF512261, BC000526.1, AL117619.1, AF132000.1, AC003687.1, AL049873.3, AL450324. 10.
HOEDE28	424	1036480	1 - 1621	15 - 1635	BG253644, BE617308, BE908205, BG168469, BE780471, BE962197, BE906067, BF995657, BE909860, AI807170, BF663899, BG119980, BF590292, AW245652, AI925873, AW369626, BE327306, AW835320, AI249748, BE222879, AA829645, N64725, AA921828, BF877027, AI858022,

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HOEDH84	425	748236	1 - 2065	15 - 2079	BF349611, BE144240, BE144306, AW665086, BE908446, BE673358, BF437802, AI656054, AI741880, AW072783, AA670023, AW205477, AI453672, BF063715, AA603812, BE858966, AA885145, BF091278, AI766417, AA116081, AA043201, BF060900, BE937827, AA583974, AP000577. 4.
HOEFV61	426	833079	1 - 2643	15 - 2657	BF059271, AW173055, AV682872, AI819334, AW593727, AI742596, BE775300, AI825353, AW291804, BE464469, AW291769, AI365110, AI760371, AI339112, AI439770, AI338579, AI091836, AI193821, AA242981, AA836083, AA769364, AI964079, AW978535, AV748559, AA252166, AA873645, T84143, H51863, AI453360, C00241, BF516266, AW628246, AW628281, AA831298, N53279, AW291086, T89383, AB023143.1, AF310105.1, AF229059.1, AF229061.1, AF298548.1, AL117470.1, AF229060.1, AF229062.1, AK026393.1, AK026398.1, AF241727.1, AF241726.1, AC007041. 3.
HOFMQ33	427	1184465	1 - 2396	15 - 2410	AL528504, AU121718, AI820674, T94707, AJ224741.1, Y13341.1, AC079145.3, AJ001047. 1.
HOFMT75	428	911180	1 - 2117	15 - 2131	AL532142, BG260401, BF688316, BF796465, BE907259, BE878185, BF311180, BF182869, BF793219, BF528084, BG164901, BF025894, BF343463, BF027348, BE615276, BF339485, BG251657, BF340866, BE869513, BG168879, BF312304, BF344218, BG035574, BE909308, BF317451, BF346215, BF569244, BF569508, BF341893, BG164819, BG251015, BE876727, BE314260, AU119847, AW732268, AV691326, BF346288, BE907910, BE792057, BF314016, BE386414, BE787546, BF337708, BE384083, BF032872, BF308223, BF982476, BF313919, BF967499, BE272948, BE878890, BE272586, BE878055, BF853224, BE386215, BG035861, BF686718,

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HOFNC14	429	1352378	1 - 2780	15 - 2794	
HOFND85	430	847424	1 - 2034	15 - 2048	BG252755, R14839, R14808, AL526882, H17173, BF361444, AI075929, BE883297, AC005754.1, AK024641.1, AF152500.1, AF217750.1, AC025436.2, AC005752.1, AC008688.7, AF152495.1, AF217756.1, AF152493.1, AF217744.1, AF217748.1, AF152489.1, AF152502.2, AF217749.1, AF152496.1, AF217755.1, AF152491.1, AF217746.1, AF152494.1, AF217742.1, AF152490.1, AF217747.1, AF282973.1, AF152497.1, AF217754.1, AF217757.1, AC074130.3, AB046841.1, AY013878.1, AF152501.2, AF152527.1, AF217751.1, AK027526.1, AF152498.1, AF217753.1, AL117449.1, BC001186.1, AF152499.1, AF217752.1, AF152528.1, AF217743.1, AF152492.1, AF217745.1, AK021915.1, AK023190.1, AY013876.1, AF329369.1, AF131761. 1.
HOFNY91	431	847425	1 - 2392	15 - 2406	AL529530, BE896219, BE905006, BF701370, AV726968, BF697098, D56471, AA398982, D54791, AW952054, D54998, AA137223, D52957, AL529529, BF667411, AV722244, BE539516, AW603940, BG252620, R33682, D53702, AL537902, BG171582, AW752566, BE874188, R79409, BE891332, BE888598, BG180774, AA702285, D52438, AA306169, F00618, M78614, AW965817, BF515338, BF091420, AW847750, AA307191, AA446770, BE785930, AW157201, AW801965, BF031768, T31797, BF031629, AA658190, D52945, BE565940, AA157919, AA136378, AA150656, AW162647, AA282187, AI684319, BE540207, BF028795, H22397, AW847690, AW293605, AI457838, AA938423, T36093, BE878093, T30493, BG251689, BF341242, AW847685, BG169305, BF115649, BG166888, AV727838, BE739764, BF207904, BE738987, AV725549, AV726582, BE865924, BE866601, BE811512, BF028097, BF028440, AA155611, BF030153, AW070701, AA357234, D55509, BF028402, BF208666, BG054885, BF947687, AW997229, BE699329, BG164817, AV727582, AW750879, BG258115, BF446900, BG151519, BF001920, AW300512, AA639868, AA256021, W23904, BE866188, AI925691, R56031, AW379828, H08997, AI904379, AI632020, AW029553, AI950933,

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HOFOC33	432	1186156	1 - 1655	15 - 1669	AL537523, AL529922, AL531958, AL531931, AL533269, AL531527, AL538370, AL522567, AL533700, AL517522, AL533444, AL532715, AL533022, AL535485, AL537167, AL534487, AL533896, AL535844, AL531994, AL536379, AL532803, AL536823, AL533869, AL532035, AL532179, AL519275, BE740244, AL533860, AL515038, AL533553, AL537985, AL532900, BF343282, AL533210, BF337581, AU117341, AL533099, BE746016, BF337686, BF792204, BF342077, BF525414, BF337225, BF526535, BF339813, BE746023, BF034576, BF725426, BF338260, BF530938, AL037604, BF526573, BF725182, BF526739, BF339663, BF347697, BF526503, BF525581, BF340234, BF338170, BF342084, BF343151, BE745055, BF530924, BF337272, BF343688, BF337021, BF970778, AL537984, BF341103, BF526677, BF338545, BF337395, BF342649, BF526859, BF340775, BF339935, BF526834, BF341477, BF344385, BF340877, BF342826, BF342633, BE736016, BF344578, BF525970, BF342467, BF343650, BF342924, BF340763, BF339538, BE544737, BE908437, BF341003, BF343078, AI207781, BF340051, BF525585, AL522566, BF338449, BE745373, BF337096, BF526010, BF341476, BF967360, BF338852, BF341124, BF338195, BF526745, BF342954, BF339763, BF979514, BE746698, BF339517, BF342360, BF340469, BF339191, BF339887, BF342928, BF341735, BF529338, BE743894, BE908818, BF525856, BF344911, BF338535, BF339332, AL532657, AL531957, BF344107, BF341131, AV723493, BF341782, BF344167, BF339580, BG109919, AW239295, BF528683, BF341918, BF344021, BF343832, BF337793, BF338946, BF338120, AL534486, BF338028, BF340384, BF344732, BF339317, BF341212, BF340817, BF340783, BF343389, AU119892, BF345257, BF340999, BF344258, BF337576, BF344566, BF034877, BF337121, BG170540, BF343271, BF525368, BF339535, BF339226, AV726914, AV727031, BF344177, BF339897, BG163685, AL047863, BF525437, BF525698, BF526269, BF343536, BF343386, BF339198, BF344902, BF526798, BF341498, BF526748, BF341312, AL046091, BF338378, BF342068, BF525844, BF338401, BF526779, BF341154, BF343100, BF342333, BF344867, BF342713, BF526050, BF724784, BF339951, BF340867, BF725357, BF346960, BF342297, BF343041, BF526463, BF341712, BF340168, BF526158, AV691679, BF344920, BE872649, AL519274, BF338219, BF338938, AL533236, BF339512, BF525910, BF339243, BF337714, BF341591, AL041191, BF343646, BG180665, BF525981, BF337030, AL048826, BF340588, AV722425, BF529059, BF526688, AL533699, BF724267, BE745203, BF724793, BF339189, AV684138, AV752186, AV655939, BF343922, BF920088, BF340673, BF340571, BF338384, BF337619, AL043008, BF339850, BF337433, BF526888, BF919959, M64722.1, X14723.1, M25915.1, J02908.1, M74816.1, L00974.1, M63378.1, Y09532.1, M26639.1, M63377. 1.
HOFOC73	433	931871	1 - 1477	15 - 1491	BF195687, AI762843, BF435173, AW167715, BE675436, AI829951, BF195590, AW517368, AI831464, BF110813, BF939079, AW573230, BE747230, AI760936, BF348602, AA418800, AI870845, AI420441, AI377190, BF196297, N32270, AI813507, AI313119, AI472198, AI340272,

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HOGAW62	434	579891	1 - 557	15 - 571	BF673679, BF340318, BF681126, AW630816, AW630056, BF684524, AI471808, D31084, BE932204, BE778532, AI365605.
HOGCK20	435	745445	1 - 2073	15 - 2087	AL517828, AL519145, AL531212, BE314599, AL527137, AL516077, AL521270, AL528374, AL517829, AL527760, BE410195, BF207279, BE894391, BE275383, BF344492, BE545217, BG116866, BE869193, BE910148, AL527158, BE905116, BE906070, BE539313, AL521271, BE544985, AW370647, AI080486, BE272322, AW129545, AW370565, AW370566, AW370569, AW370587, AW370585, AW370632, BF036759, BF111664, AW370635, BF036029, AV751399, AW370628, BF793770, BE161918, BE644987, BE513159, AL516078, AW952389, AA573800, AW361708, AW370597, BF793672, AW361545, AW370593, AI884757, BE905445, BE644790, AW370591, BG032275, BE545897, BF795549, BE781323, AW370583, AI751504, BE390637, AW370629, AW370626, BF307320, BF312112, BE616107, AW874541, AA599271, AA305125, BF305377, BF305746, BE304395, AI670082, BE548571, AI201054, AA044111, BF345456, AW387317, BF027143, AA410751, AW370645, AI979204, BE259925, AI687237, AW167891, BE385822, BE312740, AI828402, AI907591, AI819020, AW631188, BE298820, AA044057, AW103037, AA523198, BE298172, AA878137, AI754894, AI016005, AW662228, AI375007, AW130175, BF346901, BE388396, BF345509, AI690636, BE869078, AW440908, AW370586, AI907608, BF035998, BE293025, AI285110, BE139500, AI342760, AI862740, BE260090, BF761781, BF888238, AI028777, BF882332, BE877444, AA947042, AA032233, AW170149, BE893722, AW370624, AW273212, AI907602, BF310543, AA878164, BF763648, AI907600, AA618599, AA935855, AI074254, T69117, AI432547, AW370603, AI350390, AW510421, AA045976, BE737019, Z44367, AI613194, AA309604, AA846754, AW512536, T31182, BE615661, BE296557, AW370571, AI803040, C01877, AW516417, BE294829, AI241142, AA551200, AA506057, BF941946, AI805655, BF761823, BF083958, AI355466, AI751505, AA781304, BF875067, AA912801, AA620419, AA305077, Z40301, AW129402, AA806679, H83225, BE082695, BE263189, AI948632, BE938441, AW405902, AW370600, AL449482, AV693457, BG151231, BF879463, H25231, AI597749, BE244231, BF761766, AV688978, AA329345, T30732, AI420548, AA496987, AA852486, BE019097,

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HOGCK63	436	895880	1 - 1395	15 - 1409	AL515915, AL519637, AL516502, AL530378, AL534541, AL527244, BF206279, BE563468, BE894600, BF528095, BE734337, BE261458, BE547607, BF207129, BE018805, BE258538, AA314355, BF966160, BE259017, AI878986, BF527510, AW961100, BF218016, BF805533, BE935456, BE273252, BE935565, BE379416, BF689497, BE615561, BF805135, BG250649, BF805538, BG111006, W00898, BE394407, BF805707, BE543852, BE935562, BE538668, BG012784, BE797749, BE870449, AA340663, AA337437, BF093795, BE617246, BE168598, BF827571, BF827568, H74337, H26577, R13677, H15188, BF827533, BE935468, BF920853, BF183200, BE617395, BG025917, BF769129, W52074, W00927, BE887136, N75733, BG253784, AA033549, BE938018, BF378489, BF531045, BE935512, AW389834, AW579752, BF984332, BE408926, N91321, T97551, AL530377, BF965806, BG112290, AL515914, BG104543, AW840975, AW840976, BG120271, BF808337, BE617147, BE174138, BF803235, N39949, BF852997, BF852999, AA037261, AA827575, T83003, N77103, BG178316, BF802890, BF980427, AW581002, BE311929, BE887785, BE892497, BE935460, BE935465, BF207193, AK027879.1, BC008732.1, BC001230.1, AF151835. 1.
HOGCS52	437	919898	1 - 2557	15 - 2571	AL530487, BE745421, BF530206, BE744240, BE732555, BE560832, BE728102, BE734494, BF340173, BE900928, BE899085, BG171027, BE407847, BF339012, BE391461, BE005931, BE387398, BE392364, AW962475, BF345275, BE269190, BE280532, BE870859, AI569503, BE392132, AL530895, BE908923, AA521235, BE295971, AW262804, AI264216, BE018918, BE890434, BE005979, BF961405, BF343159, BE715414, BE542338, BF792605, BE514659, AI636351, AI859499, AI744758, AA758222, BE675736, BF124910, AI126826, AW024550, BF530317, AA594600, AI567104, AI935268, BG149675, AW510761, AI280100, BG231713, AI363344, BE782378, BE245842, BF896674, N72581, AW082737, BF348228, AI291530, AI633705, AA483476, AI376854, AA862073, AI439117, AW360876, AA774640, BG006132, AI459751, BE504207, AW300087, AI673280, AI885032, AA405342, BE218474, BF896671, AI022088, AA788862, AW341140, AI168484, AA703032, AA631579, BF376297, AW026262, AA733166, AA878000, AA456364, AI693928, BE208332, AI377769, BE295604, T47288, AA393265, BF995787, H80493, AW261896, AA682322, AI189548, AW574867, AA224519, BE828754, BE828767, BG149772, AA523423, AA398668, AW264368, AW276800, AJ239429, C01609, N76973, BE294075, BF338783, BG261025, H81411, AA813297, AW263725, BF594376, BF088543, AW392277, AI362740, BE770083, BE828760, AW403980, BF309314, R71977, AA574078, AI949151, AI762166, H00206, AI360375, BE828785, BE089517, BF753501, W46600, N55486, BE828765, BE828818, BG011135, BE828755,

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HOHBB49	438	833080	1 - 3066	15 - 3080	AW176451, AV763354, AV764307, AI284640, AV760937, AW193265, AV762111, AV764241, AL046409, AI963720, AI270117, AV710066, BF668217, AV759274, AV763255, AV761786, AV762139, AI281881, AV760571, AA577906, AL038705, AV740801, AW406447, AV761745, AI345654, AW270382, BE253048, AA483223, AA491814, AI431303, AA526787, AV762050, AV763971, AI334443, BF677892, AI801482, AF330238, AW419262, AA491284, AA468022, AW500125, AV762098, AV759382, AW274346, AI350211, BF347791, BF347740, AA610491, AV762395, AI613280, AW517377, AV761925, AW502975, BE394054, AA490183, AV763122, AW662543, AV735370, AI619997, BE150580, BE047069, AV761294, BE139146, AV759362, AL041690, BF475381, BE160727, AA523837, BF854876, AV759204, BF337291, BF915247, AI654525, AA581903, BE350772, W79504, AA623002, AW963497, AA610493, BF915628, AW503666, AW960468, AA584167, AI799642, AV762009, F36273, AI732865, AI355206, BF915722, AL121235, AV762826, AA533725, AL048925, AV760777, AW276827, AW438643, AW238278, BG249643, BF793766, AV763847, BF915839, AI061334, AW504669, AI821271, AV764578, AA503015, AA613203, AI499938, AI754658, AI561060, AW410400, AA469451, AV761362, AW273218, AA806796, BE672637, AW265393, AA101689, AV761106, AI754336, W47183, BG104686, AA780515, AV728632, BE350475, AI375710, AA493471, AA507824, AI811687, AV728928, AW473163, AV728425, AA613232, AA587604, AA653618, AW070892, AL044940, AW167372, BG059450, AI860013, AI149478, AL042420, AA446657, BF991286, AW072923, BF940837, AW956640, BF883982, AV759239, AW769399, AA630925, AV760704, AA525824, BF697673, AV725423, AI744995, AI085719, AA665021, AV761489, AV762154, AA578997, AI688846, AV762505, BF970654, AV760624, AA682912, AW962175, BE072475, AV710774, AW500353, AW979060, BF592311, AI732120, AW731867, AV658631, AI860020, AW088202, AA599920, AW193432, AI133164, AI246119, AI471481, AI368745, H72402, AV760042, AI610159, AW513362, AI345681, AI345675, BF592200, BE042649, AA834792, AW956641, AA984708,

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HOHBC68	439	603968	1 - 1823	15 - 1837	AW889450, BF799811, AW961831, AA309158, AA309202, BG005728, BF998803, AW888368, AI904188, AK000465.1, AB033025.1, AL109667. 1.
HOHBY12	440	625973	1 - 1174	15 - 1188	AI566933, BF916217, BF991303, AB051431.1, AL022339.1, AL021937. 1.
HOHBY44	441	873264	1 - 3355	15 - 3369	AW604409, AI037867, AW604404, AW368603, AW151676, AW383192, BE696058, BE927254, BF431876, AI753734, AI754387, BE696055, AW044602, AW383224, AI041650, AW383194, AI750595, AW383164, AI884505, W52686, AW069006, BG256681, AW842507, AW956164, AI750594, AA600082, AW078795, AI753050, AI802788, AW190902, AI750578, AW957491, BF055368, AI041803, AI621183, AW631119, AI750577, AW383125, BF215485, AA599801, AW087935, N31127, BE696060, W51909, AI087351, W47324, AA071381, W48619, AA670070, W48852, N35377, AI752124, AI090390, W42791, W47325, N28395, N28453, BE693590, BE693587, AI085102, AI678451, AA545734, W42884, AA373348, AI302125, AI910477, H80042, AA071138, AA669811, AW361415, AW069430, AA788723, AW069485, AW853798, AI940729, AI754608, AW580737, AA376403, BF508389, AA373673, H99469, AA373544, AW473621, BF881941, AI888605, AA373014, AI940705, AA373975, N27040, C01826, AA373298, AA112124, AA084001, BE140157, AI940795, AA372833, BE140143, BE140150, AW005943, BE140098, BE140177, BE140175, BE140179, BE140161, BE140145, BE140148, BE140155, BE140167, BE140163, BE140147, BE140158, BE140149, BE140176, BE140107, BE140146, BE140152, BE140144, BE140099, BE140102, BE140166, BE140116, BE140156, BE140173, BE933516, BE140174, BE140104, AW239511, BG108248, BE140160, BE140171, BE140105, AI521673, BE140109, BE140164, BE140172, AW806615, BF109257, AW138508, BF217716, BE140108, AI932934, BE140103, AA373557, BE140153, BE140117, AA344024, W25447, AW806557, AI537571, BE140162, C01953, AI476777, AW583945, AF110137.2, AL359060.1, AL359059.1, AF154054.1, AB032372.1, AF045800. 1.
HOHCC74	442	547977	1 - 544	15 - 558	BF217791, AV747014, T66046, AA676735, F12094, AL043886, T65277, AC018755.3, D50419. 1.
HOHCH55	443	827481	1 - 2485	15 - 2499	AW967050, BF793252, AA150407, AI889756, AW068908, AI539422, AI189000, AA149419, AA047109, AW304902, AI750990, AI123024, AA317245, AI752854, AI095919, AI984090, AI679980, AI954496, AA047265, BF749346, AW068311, AA136657, AA417383, AA446268, BE763257, AA136596, AA852682, BG222753, AA150286, AA417352, N52533, N52541, AA149305, AI129506, AA723730, BF987955, C01867, AA445992, BF928215, AF072752.1, AB008375.1, AL160153.11, AL355807.11, AL139800.10, AL359052. 1.
HONAH29	444	1299928	1 - 1609	15 - 1623	BE877138, BE541324, AW961713, BF130173, AA446931, BF982552, AI750643, AW298762, BF678790, W44974, AI752977, H70832, BE865917, AA279599, AA661554, AA362887, AA347452, AW955588, T55597, AA443355, W42674, AA452666, BG168559, AA774309, AA828840, AW021674, AI124558, AW304932, AV763460, BF915849, AW576388, AV759517, AW023975, AW403177, BF817511, AA702637, AW237905, AW839858, AW409626, AA557945, AA661583, BF815277,

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HOSDJ25	445	854234	1 - 2200	15 - 2214	AL521533, BF966564, BG109192, BE621548, BG259805, BF666690, BF667661, BF185318, BF666019, BE621125, AI433432, AW963800, BE883279, BF028488, BF667980, BF196902, BF111775, BF667265, BF664922, BF966437, BF667218, AI277896, BF028500, AI401346, BF696865, BF698781, BG169528, BF696312, AW338135, AI280253, AA873621, AI435513, BE552077, BF699387, BF055949, BF697521, BE542555, AI277959, AA121788, AI961880, AW969937, BF478121, AW338124, AA528626, AW367010, R76478, AA101422, T62844, AI918990, BE167397, W72961, AA876737, R28131, BE176581, AA375127, BF332407, AI365181, W73131, T62693, W21429, N92911, BF570557, AI077290, AA127501, R66340, AI926197, C00153, AA813575, R28517, AI580500, AI222072, AI033269, AA758476, W86851, AV661704, AV725920, AV728997, AV704234, AV726624, AV655280, AV729378, AV708992, AV727787, AV709407, AV654908, AV660608, AV652001, AV656903, AV707541, AV706854, AV702117, AV726738, AV728733, AV708834, AV687035, AV697196, AV708704, AV659322, AV656478, AV698545, AV709314, AV708381, AV660728, AV691080, AV651955, AV703169, AV728518, AW952409, AV709660, AV729220, AV696866, AV726816, AV695545, AV656283, AV708025, AV707933, AV684604, AV708980, AV692691, AV701914, AV705159, AV702516, AV693523, AV726103, AV727029, AV725826, AV725134, AV705280, AV702994, AV683272, AV697288, AV652156, AV728670, AV708723, AV729263, AV707510, AV699089, AV658863, AV701560, AV727776, AV698609, AV696106, AV706744, AV708438, AW951263, AV689111, AV728157, AV708109, AV692345, AV704553, AV683443, AV708893, AV659536, AV706219, AV658275, AV705693, AW960720, AV686064, AV705632, AV706721, AV701067, AV709604, AV704955, AV701707, AV707753, AV706089, AV704269, AV703495, AV702021, AV706677, AW960326, AV709869, AV656256, AV687909, AW954031, AV702832, AV708622, AV729259, AV726784, AV702833, AV707296, AV707767, AW958647, AV654896, AV645906, AV728806, AV652617, AV703599, AV727990, AV701580, AV708004, AV727003, AV703970, AV727526, AV727799, AV728471, AV703472, AV702147, AV686060, AV726156, AV649758, AV706342, AV702266, AV729189, AW953965, AV696931, AV698429, AV692972, AV685688, AV689800, AV693005, AV709390, AW953787, AW952414, AV722222, AV645936, AW955653, AV706185, AV684075, AW951618, AV658332, AV703168,

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HOSEG51	446	545809	1 - 576	15 - 590	AA181348, AW968493, AI651957, BF593221, AU157244, AA459376, AI078788, AU144318, AI270699, AW605061, AI082584, AI522177, BE645867, AU149785, AA909435, AV716472, AW139763, N52810, AA610587, BE937915, AA765149, AW385335, BE709275, AA774278, AL538336, AK002014.1, AK021520.1, AK001369. 1.
HOSFD58	447	614040	1 - 2513	15 - 2527	AL517202, AL517203, AW957146, BG116418, BF038478, AI563954, AU132232, AA932901, AI755091, AI831671, BE889854, AU127679, BE891799, AI582904, AI038368, BE246025, BG177748, BE906332, BE277910, BF982210, BE276343, AI633334, BE891988, AI954440, AI687563, BF984413, AW956931, AI565064, AI879207, AW778725, AI472032, AI924693, BF972236, BE889752, AV753606, BE536916, BE269039, BF196580, AA165526, AI248179, BF060729, BF308455, BE539211, AV734590, AA165570, AI219806, AI803270, BF027703, AI433120, AA780394, AW593783, AA305509, BE887807, BF032636, AA314159, AA745078, BE677439, AU150180, AI525645, AL046195, AW388378, AA740296, BE858748, AA745958, AV753692, BE934649, AI879591, BE671082, AW390682, AI091788, AW118905, AW407201, AI521298, BE327080, AA993868, BE550016, N39180, AI249054, BE301992, AI147071, AA137129, AA939319, AA593391, AI751805, N62852, AW473172, AA513491, AA630359, T09181, AA824241, H40891, AI570848, N77759, AA169832, BF948867, H18116, AW875628, N48472, AI168762, AI984827, AA312180, T15583, AW263215, H07053, AA644510, BE018377, H12907, N39112, AI751806, AI538630, AI478724, AI364661, R54299, AA137058, AW571962, AW137978, AA236150, BF512413, T31959, T09180, AA165129, AW965437, N49188, AI393653, T31501, AI889542, AA507842, R51911, AW273523, AI807100, AV695683, AW085260, T36296, AA236118, AI091951, H50337, AA493467, AW664638, AA304893, AW150373, AW519322, BF901925, AW079446, AA029150, N73896, BF744173, AA878611, H07054, AA676446, H05492, AA332663, AI167495, AA361172, AI240673, AA337044, T05940, T34466, AW474105, AW388354, N45253, AI460248, BF750384, AI954456, T16557, T31824, BE763619, AI499330, AA385497, N84723, BE842309, AW387927, AW388264, H28059, N50243, AW387979, D56528, AA169652, AL036975, AL043667, BF375439, AI908550, AA029027, AW387992, W03958, BE778418, AA484014, BF992834, AA019284, AF105227.1, Y10387.1, AF033026.1, AF016496.1, U53447.1, AC004045.1, AF097721.1, AF097719.1, AF097712.1, AF097720.1, AF097717.1, AF097713.1, AF097718.1, AF097714.1, AF097711.1, AF097715.1, AF097716.1, AF097710. 1.
HOUCQ17	448	429229	1 - 4698	15 - 4712	AI810627, BF344199, BG056542, BG118486, AI126019, BE784908, AW954313, W07142, AA133346, BE047207, AV700629, AW163200, AI692832, BF589805, AW195344, AI755040, AW964293, AI890478, BE856510, BF370410, AW168050, AI985641, AI926525, AI369060, AI654583, AI571069, AU158513, AW167394, AI129429, BF244275, AW474740, AI887177, BF083290, AA993528, N91530, AI148739, BE925407, AW001362, AA022464, BF203604, AW194129, BF590332, AI144408,

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HOUDK26	449	565393	1 - 1037	15 - 1051	H20994, H45211, H45368, H40040, H45293, AU156903, H45192, AA205743, T24020, AW468607, T90417, AK001944.1, AF075043.1, AC025593.5, AC009299.5, AC005519.3, AC007954.7, AC004755.2, AL138837.12, AC005516.1, AJ251863.1, AC010899.8, AC009410.3, AL049836.3, H30375.
HOVCA92	450	527644	1 - 693	15 - 707	AW938534, BF963516, BF958753, BF956694, BF957465, BF362599, D38712, AC000385.1, AF061779.1, U73627. 1.
HPASA81	451	1352382	1 - 1931	15 - 1945	AI417638, BG142227, BE047043, AI378918, AW968451, AA459131, W60474, D82310, W45474, AA367179, AF305835. 1.
HPBCU51	452	411080	1 - 585	15 - 599	AA364901, AL526211, AV723053, AV722100, AL538154, BE255102, BE251465, BE257971, AU142823, AL535042, BE252516, AI589512, BE256907, AI142896, BC008763.1, BC000189.1, D82343. 1.
HPDDC77	453	1306899	1 - 964	15 - 978	BF337609, AV745285, W56118, AA411082, BF031537, AA250775, BE813320, AA862532, AA862534, BF669016, AA505270, BF130828, T32131, AA372427, BF696363, BF028658, AW518578,

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HPDWP28	454	1094609	1 - 514	15 - 528	AI394037, AW303979, AW293101, AI827868, AA010190, BF001923, AW006972, AI809548, AW138946, BF476527, BF084139, AK025743.1, AP000067. 1.
HPEAD48	455	520367	1 - 611	15 - 625	AW964468, D80045, AW966389, AW949645, AW966330, AW949642, AW964532, AW965158, AW949643, AV738340, AV744012, AW975618, AV744690, AW366296, AV702035, AV723097, C14389, AV724520, AV742048, AW962395, D51799, AW964488, AV719468, D59502, AW375405, D80195, AV720791, AA305578, AW966050, AW965185, AW965197, AW959597, AV742732, AV718800, D80164, AV742050, AW966053, AW966013, AW949658, AW975621, AW966054, AV719783, AW966534, AV720464, AI905856, AW960465, AW949654, AV705134, AW966022, AW966075, AW966041, C15076, AW966065, AW973541, D80038, AW978648, AW959062, AV719324, AV718440, AV720028, AW975613, D59467, AW965196, AW965184, AW965175, D59275, AV718770, AW966030, AV719188, D80227, AW964477, AW966062, AW949641, AW949646, AW959570, AW966029, AV718707, AV705869, AV699927, AW973334, AW966531, AW978634, AW956434, D58283, D80022, AW965163, D80166, AW959799, AW966059, D80193, AW960473, D59859, D59619, D80210, D80391, AV704180, AW960553, D80240, C14331, AW973474, AV719822, AV718692, D59787, D51423, AW973488, AW978661, AV720211, AV718844, D81030, D80253, AV718489, AV720203, AW964756, AW973307, D80043, AV723927, AW177440, AV718938, AW949656, AV718633, AW959628, AW965177, AW975605, AW973485, AV718931, AV720878, AV719557, AV720731, AW973482, AV699447, AW958992, AW958993, AV722801, AW959136, AV699550, AW962082, D80269, AW959202, AV720812, D80212, D80196, AW949657, D80188, D80024, D50979, D80219, AV706147, AW753067, D80268, AW966043, AW949655, AW959582, D59927, D59610, AV720533, D57483, AA305409, AV719628, D80378, D80366, AV741220, D51022, AV706229, AW973330, AW962245, AV721386, AW973447, D59889, D50995, AA514188, D81026, AV727978, AW960454, AW949653, AW949631, AW949618, AW959469, AW964737, AW966032, AV720150, AW960532, AW956397, AW949629, D51060, AW949633, AW949632, AV700889, AV699866, AV701123, C14429, AW973490, AW752082, AV726812, AW753053, AW965176, AW966023, D80241, AW177501, AW960564, AW177511, AA514186, AW178893, AW949630, AW960504, AV699746, AW375406, AV700229, AV699682, AW973465, AW960474, D80248, AV718530, AV703542, AV701004, D80522, AW975623, T03269, AV720654, AV699669, AW960570, AW360811, AW179328, AW964541, AW973473, AW973445, AV720220, C75259, AV720616, AW966332, D80251, AV719000, C14014, AW352117, D80133, AW960514, AW966399, AW966333, AW966331, AW753041, AV718908, D58253, AV742001, AV742667, AV742022, AL136136.7, AF058696.1, AB028859.1, X67155.2, AF271371.1, D34614.1,

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HPEBE79	456	519003	1 - 583	15 - 597	AA578773, BF858286, BF373619, BF373581, BF858371, BF373406, AV727418, AW975618, AV720791, AW964468, AV724520, AW966389, AA809122, AI535686, AV702035, AW964541, AV718692, C14331, AW966330, AV718489, AW949645, C14344, AV705869, C14407, AW973541, AV699927, AW960473, AV704548, AW964477, AW960553, AW973445, AV720104, AW949500, AV718681, D80269, AW966534, AW978648, D50979, D80227, D81026, AW966343, AV726609, AW966062, AV719758, AW962395, D59467, AV719188, AI557751, AV719632, D80195, AV718487, AV706147, AW966380, AW959062, AW964532, AW966399, AW960520, AW975605, AW966053, AW949641, D80164, C06015, C15076, AV719913, AW960465, AV654329, D59551, N66429, AW949646, AW966022, D80258, D80038, AW952852, AV720203, AW966333, AW964756, AW966050, AW966013, AW965185, AW965197, AW966041, AW965175, AV718931, AV720731, AA305578, AW975621, AV700229, AW956434, AW949658, D59503, D59275, D80045, AV720533, AW966054, H67854, AV719783, D59502, AW959597, AW959570, AV719468, AV718800, AW966400, AV720464, AW966332, AV720150, AV655880, D80302, AW949634, AW949654, AW949586, C03092, AW960483, AV723097, AW966369, C14389, AV726330, D45273, D59610, AV699866, AW975613, AW973490, F13647, AA514188, D51799, AV719644, AW975623, AW960534, AW966029, AW966075, H67866, AW966065, AW966342, D80439, AW973334, AW966531, AW978634, D58246, D81030, AV722801, AW966385, D80251, D57483, T11417, D58283, D59317, AV726423, D80157, AV720088, AW959799, AW966059, AV718938, AV694084, AV689813, AW966043, AV718633, AW959628, D50995, D59859, AW966378, AW959469, AW973485, D80022, D80014, D80166, AW973474, D80378, D80212, D80268, AW973473, D80366, AW959582, AV727414, D59889, C14973, AW965176, D80196, D80188, D51423, D59619, D80133, D80247, C14227, AV702365, D51022, AW966388, AW978661, D80210, AW965163, D80391, AV720151, D80240, D80253, AV701839, AW966030, AV719822, D80219, AV719945, AV719391, AW973307, D80043, D59787, AW973447, AV719324, AV718440, AV720028, AW952839, D80064, AW965177, AA305409, AW950578, AW965196, AV718707, AW965184, AW973488, AW966386, AW960454, AV720211, AV720291, AV720878, AW966368, AV718844, AV719557, AV720616, AV718770, AV720729, AW966032, AW973330, AW966331, AW973482, AW966398, AV699447, AW966397, AV692290, AW960532, AV700357, AW950117, AW958992, AW960514, AW958993, AW949498, AV723927, AW965158, AW959136, AV699715, AF103907.1, AF103908.1, AL359314.14, AB002449.1, AB028859.1, AF058696. 1.
HPFCL43	457	535710	1 - 651	15 - 665	BF976224, AV729127, AA837404, AV729103, BG055177, AW169122, AI796276, AA603456, AV729600, BF447152, BF059491, AW196971, AI566470, AI636657, AA279066, AA845528, BE219765, AV725215, AV725488, AA046476, AI025283, BF663369, BE379318, AA936074, AA031332, BF003040, BE467269, BE270829, BG060181, AA568448, AV727986, BE271012, AI351514, AW470751, AA878870, AA026888, BE879122, AA015966, AA632383, AI090910, H20001, AA150301, AV725538, AW236006, AA625391, AV704013, BE737339, AI358381, AI476276,

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HPIAQ68	459	833082	1 - 2452	15 - 2466	W89022, W89021, AA400091, AA480871, AA480928, AA400180, H72944, H72544, AV731860, N62805, AI827122, AI742541, AI820089, AI650350, AI499934, T17487, AI922817, AI590848, AI679031, BE141338, AV720191, M85961, BE093537, AW893527, AW893524, AA909164, BE093538, BF222081, AL049831.2, AL138776.10, AC004825.2, AC005539.1, AC008151.1, AC006152.3, AC008085.1, AL139141.22, AL133512.10, AC073310.7, AC002069.1, AP003547.2,

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HPIBO15	460	1310868	1 - 1725	15 - 1739	AI056404, AI802391, AW270724, AI750249, N41425, N47678, AI188511, AI376981, AA029314, AW452123, BE466507, N39755, AI937190, AA063620, AA693737, AI139466, AA701241, AI250789, AI672263, AI198257, BF055537, AI199035, AA677064, W69895, AA040154, BF196981, W73711, AA029867, W69841, BF222273, AW900121, AW022270, W69574, AI373227, AI200161, AA701858, AV690112, AW044223, W69662, AI052153, AA872860, H29417, H29324, N26312, AI283749, AA036704, AI383659, AA332627, N47677, AI424682, BE089934, AA329748, AW952484.
HPICB53	461	1042309	1 - 1125	15 - 1139	AI284640, AL079734, AI345695, AA410788, AA128592, AV760508, AA449997, AU147162, AV756491, AW302315, AI801482, AW265385, AW021583, AW265393, AI733856, AA521323, AW963117, AW327624, AV763026, AV763058, BE150796, BG059568, AV759204, AV760915, BF827410, BE147833, BE062478, AW969941, AW062724, AA634786, BE063437, AA521399, AV764259, AV763971, AW270258, AI491765, AA666332, AW302909, AW504485, AW974932, AI908093, AI753488, BG236735, AW963463, BF681619, AA581903, BE139267, AL120343, BF804385, BE062476, AI669589, AW402458, AW189068, BG236628, AV759632, AA584489, BF989483, AI610468, AI244127, AW467323, AW271904, AW630298, BE872393, AV759274, AW805539, BE393367, AW189113, BE139358, AW970877, AI732483, AI754037, AW845366, AA468022, AI251576, BF030641, AV761519, AA643770, AW237905, AA284247, AW084445, AW148507, AW439558, AI612142, AI358384, AI471691, AU118374, AL040054, BF750422, BF761328, AW020992, AA469327, AU147922, AA469451, AA704393, AL037910, BF736198, AW503900, AV758903, AV703785, AL038936, BF944940, AL048616, AA483256, AW021917, AV762395, AW062682, BF965775, AV713243, AA916430, AA857296, BG029528, BG009317, AI708009, AV762982, AW268232, AI306232, AA661948, AV744179, BE062545, AA515048, AI583466, D83989.1, AF077058.1, X75335.1, X55926.1, X55931.1, AC018690.5, U18398.1, AP001208.3, AC005399.19, AL096755.1, AC018494.6, U02531.1, AP001330.3, AJ003147.1, AL121586.31, AL137792.11, AP000251.1, AC018511.4, AL356915.19, AL133347.28, AF091512.1, AL160163.24, AC002316.1, AL022336.1, AP000212.1, AC011471.6, AC018695.6, AP001711.1, AC006487.8, AP000030.1, AP000134.1, AC005037.2, AF288742.1, AC005342.1, AL050318.13, X76070.1, AC011462.4, AC004126.1, AC006435.7, AC074331.1, AC005089.2, AL162718.15, AC072052.6, Z96568.1, AC007272.3, AL033529.25, AL163636.6, AC009228.4, AC005520.2,

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HPJBK12	462	1011467	1 - 2634	15 - 2648	AP001206.3, AP001329. 3.
HPJCL22	463	1146674	1 - 3093	15 - 3107	AU140137, AW273142, BF511622, AW500031, AW997852, AW997845, AW997846, BE263631, AW997843, AI457507, AW449421, AW451219, BE047152, BF946370, BF439925, BF946380, AI200349, BF897509, BF512501, Z19075, BE827516, BF094042, BF094020, BE244735, AA325330, AW962065, R31240, AI023715, AA736958, BF802328, BF988285, BG015997, AA215423, BF736763, AW997844, AA285156, AI254765, BF902055, BF724699, AV740801, AA847952, AA634889, AI284640, AA074818, AL134972, BF724366, AW274349, AV763138, AA468131, BF946053, BF945647, AV729809, AW303196, AI801148, AL038072, AA873777, AL133662.1, AB020720.1, AB051126.1, AK023742.1, AC020916.7, AL512802.2, AC005098.2, AL109758.2, AK024937.1, AL096701.14, Y11535.1, AL080243.21, AL137073.13, AL137059.20, AL590709.5, AP002378.3, AL158210.12, AC006064.9, AC002563.1, AP001064.1, AC017016.5, AC004836.2, AF238380.1, AL021918.1, AC018641.3, AL136162.17, AL035460.15, AC084356.22, AC005943.1, AL157877.11, AP000760.4, AC021752.5, AC011446.6, AL121895.26, AL451075.15, AC011308.8, U67829.1,

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HPJCW04	464	589969	1 - 1452	15 - 1466	T81065, H59556, T70276, H59557, AC002519.1, AL136123.19, AC090051.8, AL021579.1, AC010202.6, AC025589.20, AC022267.8, AL359272.9, AC022148.5, AC009756.9, AC078962.30, AL356121.13, AC007880.2, AL137793.16, AC002059.3, AC008450.5, AC010654.8, AP003114.1, AC007226.3, AL033519. 42.
HPJEX20	465	1352420	1 - 552	15 - 566	AW938132.
HPMAI22	466	635491	1 - 1260	15 - 1274	AI540210, AW173208, AW006589, AV707182, AW104434, BE503183, AI148598, AI656207, AI350808, BE503507, AW297121, AW237250, AA918535, BF057772, AA918200, AI357673, AW235193, AW083055, BE503001, AI350807, AI200477, AI991567, AA953496, AI825590, AA738163, AW962712, N59298, AA369466, H71562, AA369367, AA369366, H71045, T48746, H71557, AL354716. 9.
HPMFP40	467	638165	1 - 1203	15 - 1217	U48436.1, AC005731. 2.
HPMGJ45	468	798102	1 - 1642	15 - 1656	AI800816, T70609, AA001037, T70876, AW295609, AI174704, AA488148, BE818897.
HPQAC69	469	396804	1 - 976	15 - 990	BE825496, Z21226, AL159154.16, AF075587. 1.
HPRBC80	470	829136	1 - 2529	15 - 2543	BF508706, BG251902, BG118348, AL522364, AI690187, AW959485, AV705315, BF672789, AL520227, BG176557, AL528876, AV713609, BE439925, BF130665, AW963928, BF994344, AL536566, AA446397, AA180531, BG026529, AA180520, BF672895, BF029282, BF670440, BF799935, BF510400, AA179618, AL513906, BE246173, AA625572, BE244085, BF671786, AI681635, BE004437, AA431963, AV701964, BE566300, AV653358, BE004444, BF790083, Z30124, AA164383, C17250, AA379401, N24451, AA363823, BE004648, AA180509, AV713647, T35331, AW961450, BF800059, AV686722, BF575322, AW020971, BF229438, AW361378, AA465249, AA313690, BF979498, BE694196, AW999825, T35345, AA625571, BE925937, T30431, AA135096, BE172414, BF980120, N54675, AW897938, BF210564, AW665936, AA769851, Z20951, AW242738, Z19798, C16481, AW197150, AI567621, BE222028, BE622950, AW883664, AA885770, AI039327, AA628005, N50019, AI650889, AJ271835.1, AF136972.1, AC013717.8, AJ271832.1, AF294792.1, AJ005801. 1.

HPRBF19	471	753282	1 - 1447	15 - 1461	AW582253, AW469181, AI799626, BF375244, AW469177, AI921465, AU157797, AI697014, AI346622, AW029127, C05837, AI830044, AI285194, AA172076, AI281230, AI285227, AW452356, AI278830, BF508192, AI283827, AA172244, BF375243, AA612697, BF378919, AW589436, BE183571, AW365013, AI264367, C00562, AW869793, BE002927, AI473464, AI925050, AI362363, AI270207, AA371314, AU138880, AW814058, AI476009, AA314891, AW008169, AI571538, BE814188, AK023655.1, U91321.1, AC003108. 1.
HPTTG19	472	635033	1 - 545	15 - 559	AA968657, AA493232, AW964196, AW945159, AW950095, AW963925, AW949384, AW951182, AW952751, AW949383, AW962651, AW963933, AW964422, AW958763, AW956474, AW960718, AW964284, AW967195, AW960207, AW954032, AW957083, AW959366, AW949682, AW962713, AW958568, AW958569, AW949767, AW951201, AW963026, AW949757, AW957085, AW949750, AW953772, AW954070, AW960237, AW957062, AW949697, AW967372, AW955902, AW958365, AW950217, AW954506, AW966270, AW964223, AW958756, AW955977, AW955982, AW951187, AW949856, AW951437, AW953773, AW962636, AW952126, AW957059, AW964421, AW954068, AW949551, AW949863, AW962650, AW950219, AW961026, AW963025, AW964203, AW949552, AW957068, AW958225, AW960720, AW951452, AW966421, AW962648, AW964012, AW958740, AW959899, AW955892, AW959356, AW949761, AW949762, AW964198, AW951430, AW963027, AW964420, AW963915, AW953657, AW955900, AW945197, AW965978, AW956278, AW951409, AW952743, AW951624, AW951197, AW949764, AW957061, AW964224, AW949850, AW962649, AW962644, AW964423, AW953769, AW965895, AW949759, AW963931, AW963940, AV706741, AW953807, AW945155, AV707067, AV707786, AV702794, AV705836, AW961247, AV707234, AV727499, AW955724, AW965899, AW956626, AW965869, AV704974, AW965866, AW957677, AW961052, AV702716, AV725181, AW951184, AV709772, AV705660, AW965033, AW963011, AV703239, AV702990, AV661286, AW950678, AW963962, AW961400, AW963598, AV704490, AW959270, AW956792, AW952418, AW950240, AW966389, D50992, AV705590, AV704497, AV706871, AV704891, AW963631, AV688823, AV701911, AV693604, AV705273, AV695888, AV727353, AV707576, AV703275, AW964074, AV705282, AW967052, AW951738, AV703453, AV707368, AW954228, AV709635, AV687035, AV708304, AV701769, AW961255, AW960629, AV702964, AV707331, AV707197, AW949517, AV703742, AV705710, AV701667, AV726551, AV652860, AW953804, AW957674, AV709248, AW951768, AV728539, AW953797, AV728953, AV649758, AW954697, AW963405, AV704785, AV705453, AV708872, AV727314, AV654686, AW963087, AV706876, AV703457, AV706453, AV709527, AW950520, AV701730, AV705909, AV728282, AV707059, AV702637, AV703591, AV704124, AV702306, AW962983, AV705757, AW951773, AW959804, AV728999, AV709596, AW950671, AV729532, AV708610, AW963700, AV706579, AV707909, AW950006, AV707238, AV709725, AW964490, AV706910, AV729198, AW961313, AW956618, AW956619, AW956624, AW958455, AW955710, AW964429, AW950778, AV726337, AV703553, AV704376, AV656478, AW959846, AW958161, AW952328, U73636.1, U94592.1, Z30183.1, U45328.1, AB005666.1, Z79435. 1.

HPTVX32	473	634353	1 - 789	15 - 803	AI862453, AI590769, BE301273, AI569794, AI800423, AI859970, BF982756, AI653897, AW170296, AI811162, AW467390, AI653548, AI652421, AI569595, AI739622, AW276481, AW473524, AI963681, AI701477, AI657090, AA973284, AI624062, AA884426, AW007927, AI671878, AW300934, AI150198, AI597690, AA687348, AW964953, AW772043, AW205152, AA398522, H16789, AA639818, BE856046, T72002, BE939495, AW518068, AW079395, AW510732, AI283535, AI028345, AI208208, AA847299, AW025171, AI204112, AI869844, AW235822, BE313614, AI521850, R48787, AI917108, T87641, BG236404, AI760407, F09217, AA835697, AW009374, AI200294, AW136297, AW578241, AA609623, T51196, AA132853, AI222636, T03597, T80196, AA046518, BG181058, AI648526, AA046693, AW196234, T51302, AA297158, BF591885, AI784267, BF222991, AI656095, AI539547, AI673418, T64280, AA160800, R50052, BE892957, AA927052, AW194685, AI283529, AW274852, AA292781, AA298687, AI247295, BE386015, BF348744, BC009302.1, AK026044.1, AF288687.1, AB058728.1, AF060515. 1.
HPVAB94	474	526749	1 - 805	15 - 819	BF370024, AW449056, AF131217.3, AL163247.2, AF165147. 1.
HPWAY46	475	1001560	1 - 1400	15 - 1414	AW857326, AW861371, AV661974, AW857769, AW861551, AV661986, AW937024, BF130874, BE067001, AW861563, AA460256, AA908484, AI804404, AA235344, AI827237, AW833214, AI682922, AI306704, BF382808, AW151460, AW294348, AA336017, AI553689, BE066930, BF914075, AI016721, BF507352, BF114874.
HPWDJ42	476	722246	1 - 1326	15 - 1340	AA651639, BF668217, AL046409, BF677892, AA581903, AW518220, AW303196, AW301350, AW274349, AL119691, AW964231, AW327624, AI696955, BE160727, BG059568, AA521323, BF130605, H05940, BE910362, BF769368, AW979060, AI281881, AW858127, AA521399, AA148672, AW965008, AL042853, AV734666, AV762033, AA167055, AV761519, AW513362, BF965007, AW975012, BF724699, AW270382, AC018738.4, AC006262.1, Z69714.1, AL109952.15, AL109897.30, AC008760.6, AC005939.1, AC004687.1, AL158040.13, AC011737.10, AC008745.6, AL050321.11, AL034420.16, AC004854.2, AC007216.2, AJ400877.1, AC004150.8, AL117692.5, AC004033.3, AC068799.14, AF015151.1, AF015156.1, AC007731.14, AC080012.20, AC010422.7, AL358354.16, AC053467.1, AL118502.38, AL121969.12, AL035079.14, AC005921.3, AC005209.1, AC005098.2, Z95115.1, AL121989.12, AL354720.14, AL033529.25, AC004417.1, AC010328.4, AE006639.1, AC004166.12, AC008750.7, AL049761.11, AL096701.14, Z99716.4, AL139317.5, AL024509.1, AC002418.1, AC005500.2, AC018809.4, AL133245.2, U95742.1, AC010203.13, AC008626.5, AL022316.2, AC007030.3, AC004386.1, AL353748.13, AL022329.9, AL121928.13, AL139353.3, AC012368.6, AL591398.2, AL355334.26, AC004821.3, AC004590.1, AL135901.23, AC084864.2, AC023160.31, AL359402.3, AP000212.1, AP000134.1, AL109984.14, AC007510.6, AL359235.3, AC006480.3, AF312032.1, AC009086.5, AC022308.17, AC009298.3, AP003357.2, AL359846.11, AL390074.17, AC005368.1, AC011895.4, AC005040.2, AC007963.7, AP002851.2, AL365225.12, AC022383.3, AC022596.9, AC023892.35, AL137784.14, AL359541.11, AC006948.4, AC005252.1, AF279660.2, AC010319.7, AL021807.2, AC007620.30, AL109933.25, AL078477.5, AF348209.1, AC009961.11, AC009996.7, AC006511.5, AL136137.15, AP001729.1, Z98036.1,

					AC006345.4, AP001671.1, AL355096.4, AL355512.22, AC006483.3, AP001700.1, AL109825.23, U96629.1, AC009228.4, AL138976.5, AL136980.5, AB043547.1, AL359091.10, AC010530.7, AC004771.1, AC007308.13, AL157369.7, AC011452.6, AC005037.2, AC005666.1, AL138807.12, AC008882.6, AC006435.7, AC022148.5, AL133453.3, AC012072.2, AC007488.15, AC002045.1, AC005553.1, AC003982.1, AL022476.2, AL121655.1, AP001038.2, AC017067.4, AL137141.10, AC002351.1, AL109743.4, AC009244.24, AC005821.1, AC004253.1, AC069277.5, AC007383.4, AC021752.5, AL034555.2, AC006571.12, AP001711.1, AC004955.2, AC006509.15, AC026179.5, AL122035.6, AF190464.1, AL023494.12, AL356515.17, AP000553.1, AC022211.5, AC026368.37, AC012309.7, AC004477.1, AL135818.3, AC011900.6, AF030453.1, AC069475.27, AC024154.2, AL139100.9, AC019060.5, Z98941.1, Z85986.1, AL049636.22, AL135927.14, AC007227.3, AF244812.1, AP000306.1, AP000246.1, AL136301.21, AC087590.1, AP001619.1, AC005971.5, AL049709.18, L44140.1, AL355916.2, AC010583.5, AL138692.26, AJ295844.1, AC011500.7, AC011515. 4.
HPZAB47	477	585702	1 - 1662	15 - 1676	AW993896, AA493291, AA526359, AW972615, AI720194, AA358397, AW204400, AA508549.
HRAAB15	478	658717	1 - 1733	15 - 1747	BG111918, AI823987, AI807761, AW165961, AI418806, AI738753, C05983, BG152897, AI439250, BF327504, AA923586, AI424510, BE003132, BF894183.
HRABA80	479	882176	1 - 1237	15 - 1251	AU147250, F24079, AI791459, AI732503, AA523577, AI791342, AU121439, BF309840, BF308519, AI659402, AA719317, AA602233, AI752815, AW967109, AV694013, AA470486, AI218622, AA644545, AK022184.1, AC005777.1, AL031431.8, AC007406.1, AC032011.14, AC004143.1, AC006131.1, AC074121.16, AC005760.1, AC005529.7, AL354766.17, AC025166.7, AC012476.8, AC005544.1, AL035079.14, AL356299.16, AL031297.4, AC005778.1, AC011666. 28.
HRACD15	480	871221	1 - 1525	15 - 1539	AL519765, AL519766, BE910445, BF684654, BE270497, BE513843, BF975936, BE396890, BF973472, BE515166, BF686665, BE744708, BG257119, BE880162, BE797305, AW248552, BE514176, BE793786, BE791776, BE296702, BE271500, BE268991, AW512838, BE791090, BE727326, BF026627, BE797018, BE275277, BE277906, AU133849, AW248687, AU120611, BE270509, BF027092, BE384166, AI565668, BE513807, AW405789, AU151587, AA261853, AW043669, BE729554, AI949119, AW575486, AW751019, AI524253, BE391940, AW245114, AU145208, BE312276, BE796133, BE561087, AI953094, BE390017, AA283855, BE265439, BE391036, BE391843, AI620547, AW402545, AI075157, AI744741, BF125945, BF941740, W60104, BE266246, AW085553, AW131075, AI768378, AA401964, BE390215, AI752668, BE736619, AW967867, AI565659, BE387591, BE222775, AA283856, AW750999, AA261854, AI498229, AA830894, W60024, AA496293, AI660481, BE960924, BE277521, AA994223, AA868400, BF026241, BE382766, AI801124, BE671092, AI264882, AI355420, AW248994, BE503489, AI262893, AA583344, BE266582, AI832018, N29665, AA622755, AI439625, AI193362, BF446254, BE504260, BE387503, AW806699, AU146635, BE856089, AI087826, BF801189, AA133817, AA843858, AI287716, AA928793, AA699788, AI027345, BE728607, AW629986, W52804, T10369, AW103963, AA933691, BE138812, AI284845, AW264928, AW152071, AI265798, AI809041, AI038469, AW246086,

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HRACD80	481	1309774	1 - 1927	15 - 1941	BF001770, AI431600, AI332903, AW778829, BF197765, AI814110, BF875981, BF509841, AI983390, AI741104, AI263763, AA719400.
HRDDV47	482	637650	1 - 1496	15 - 1510	BG035895, AI271436, AW510873, AW341493, AA833696, BF205827, AA280770, AW137710.
HRDFD27	483	567004	1 - 791	15 - 805	W85784, AI254961, AA767643, BG164474, AA428410, BG007947, AI625142, AI111171, AC005274.1, AC004491.1, Z68192.1, AL365225.12, AL033529.25, AC009086.5, AC008569.6, AC002420.1, AC022392.4, AC012170.6, AC008474.7, AL157912.5, AC004966.2, AC002551.1, AL035695.17, AC005184.1, AC002115.1, AC027319.5, AC020610.6, AL121777.39, AC024568.4, AC009412.6, AC090955.2, AL133453.3, AP003352.2, AL163248.2, AL118520.26, AF260011.2, AC005940.3, U95742.1, AL022396.1, AC005362.1, AC004841.2, AC007676.19, AC024578. 3.
HROAJ03	484	567005	1 - 1168	15 - 1182	AW959762, AW015128, AW753637, AV711012, AA296493, BE151396, AV655181, AI220561, BE006108, AA311800, AW962850, AW516636, BF881635.
HRTAE58	485	519326	1 - 586	15 - 600	AA372458, AC004189.1, AP000517.1, AB023054.1, AC009313. 4.
HSATR82	486	531973	1 - 763	15 - 777	BG056575, N22501, AW884147, BF903801, H59173, AW963463, BF997339, AW958318, AA374525, AW502694, BF816190, AA364420, AA378207, AA810158, AC007130.2, AL122035.6, AL353692.14, AF124523.1, AL391122.9, AL035404.20, Z93241.11, AC007917.15, AL353680.8, AC005881.3, AC005740.1, AP002851.2, AL133477.16, AC004805.1, AC008891.7, AL390882.12, AL031602.14, AC005015.2, AL133479.11, AC005920.1, AL136228.8, AL139317.5, AL137792.11, Z84487.2, AF205588.1, AC007782.20, AD000092.1, AC025594.5, AL109804.41, AJ009612.5, AP000557.2, AC072061.8, AC083884.6, AC005529.7, AL133243.1, AL096791.12, AL137802.7, AL133410.31, AF243527.1, AC005399.19, AB026898.1, AC004883.2, AL392166.19, AL050318.13, AP003357.2,

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HSAUK57	487	772554	1 - 1023	15 - 1037	AC008860.6.
HSAUL82	488	490879	1 - 713	15 - 727	AI801272, AW510484, AW938669, AW963599, AW964519, AV703063, AW962942, AW967052, AW961606, AW967329, AW961841, AV727589, AW962648, AV725024, AV726532, AW963592, AW963349, AV728841, AW950748, AV728138, R47506, AW962444, AV707331, AV707907, AV687010, AW963895, AV704876, AW963486, AV702738, AV702975, AW954242, AV742541, AV702107, AW963608, AW964860, AV688658, AV708167, AV704541, AV652563, AW964213, AW957644, AV721745, AW962321, AV691793, AW962155, AV707237, AV703844, AW963652, AV702172, AW962136, AW963498, AV707135, AW961299, AC012076.4, AL049780.4, AC008736.6, AC008395.6, AP002841.2, AL160269.14, AC004166.12, U95742.1, AC007216.2, AL121972. 17.
HSAVH65	489	545459	1 - 586	15 - 600	BF793712, AW080832, AI693734, BE869501, AI564525, BF037343, AW475057, AA523950, AV719716, AW024144, BF827012, AI185475, AI197788, AV660309, AI708671.
HSAVK10	490	561435	1 - 1228	15 - 1242	AI821931, AW303196, AW301350, AA397389, AI821714, AI792133, AI791913, AI821785, AI755057, AI336054, AI357823, AV760453, AI291823, BE328573, AI369580, AI039809, AW872676, AI479148, AI559645, AV762354, AW327961, AW872575, AW079761, BF347791, AP002851.2, AF224669.1, AC012066.10, AL035420.15, AL354707.17, AL078581.11, AF001549.1, AC007739.2, AL391839.9, AL135778.9, AC018690.5, AC005028.1, AL022238.1, AL139343.9, AC011452.6, AP001718.1, AP001671.1, AP001972.4, AC003969.1, AL049541.24, AC006011.2, AC005005.1, AP001694.1, AC005914.1, AC004913.2, AF196969.1, AC090051.8, AL133453.3, AC008511.6, AL354720.14, AL121981.17, AC005531.1, AL355499.15, AC073581.23, AC007256.5, AL096791.12, AP000553.1, AL133320.8, AC090527.3, AL160237.4, AC005859.1, AC003691.1, AL357992.14, AC023469.6, AC004554.1, AL445143.2, AC024075.4, AC005701.1, AL137072.8, AL139415.10, AC016656.5, AC016652.5, AL163248.2, AL449264.18, AC023795.18, AC006203.1, AL353135.32, AF314058.1, AC004104.1, AL136300.22, AL136358.13, AL590762.1, AL389888.8, AP000692.1, AC006946.20, AL035458.35, AL022318.2, AC005157.1, AC020728.4, AL136139.6, AC021810.7, AC005071.2, AC068724.7, Z84572.1, AL021578.4, AL450263.15, AC008840.4, AL355103.3, AP001709.1, AC005962.1, AL163281.2, AL138820.11, AC006329.5, AC005291.1, AC009481.4, AL034380.26, AL161747.5, AL117356.5, AL163282.2, AL008639.15, AC002990.1, AC008591.6, AC005519.3, AC003683.2, AP001706.1, AC008271.6, AP001670.1, AL133246.2, AC010203.13, AP000555.1, AC008945.6, AC026749.5, Z83826.12, AL139350.17, Z98050.1, AC010422.7, AL139801.17, AC011451.6, AL133355.12, AC026866.8, AP001725.1, AP001712.1, AL009182.17, AF111167.2, AL161804.4, AL022162.1, Z93023.1, Z97989.1, AC022116.5, AC005089.2, AP001667.1, AC007277.2, AP000642.5, AC013416.4, AC010543.8, AC002527.1, AL121755.23, AL034372.33, AL122021.3, AC013471.7, AC006040.3, AC006001.2, AL138706.9, AC034305.6, AL133396.2, AC006430.22, AL162464.5, AL353764.9, AP000901.5, AC006211.1, AL163218.2, AC007991.7, AB053170.1, AC022217.5, AP001705.1, AC004847.3, AL049762.20, AC004914.1, AC083855.2, AL136305.14,

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HSAWD74	491	460527	1 - 956	15 - 970	BG056446, N32720, AW152171, AA339555, AA076697, AA525291, AA380007, BE734992, AA077031, AA379882, BE047929, AA515728, AI282253, AA683069, AW275432, AW274078, AA533025, AI675615, AL040054, AA644090, AI345123, N42169, AW023111, AV756491, AI962030, AV758870, AW021774, AA602906, BG222564, BG222326, AV762454, AL048060, AA225406, AI879951, AA078830, AW514006, BE063437, BF725844, AI591299, AI590522, H68343, AA825827, AA559166, AW272294, BF213224, BE049095, AI344810, AA714011, AW502237, H63660, H24331, AA171400, AL449689, AI753113, F18888, AA282951, AV761486, AW193493, AA669238, AI557644, AI049868, AW631267, AA525331, AW117740, AA507623, AA862183, BE968744, BE677164, AW571963, AI433952, BF991881, AA701080, BF970107, BF212465, AA832175, AA470933, AW157128, AI343144, AW974751, AW338376, AW410409, AW844636, AW664505, AA827383, AV760014, AI745116, AI003611, AV683406, AW021154, AW501278, BE968477, BF991882, AI189682, AU124213, AI336637, AW572140, AA610644, AW963463, AA708322, AA489390, AI887235, AC004084.1, AC004951.5, AP000252.1, AP001711.1, AC006160.9, AP000031.1, AC022383.3, AC009131.6, AL354864.16, AL121900.26, AP000212.1, AP000134.1, AL031281.6, Z99716.4, AC009144.5, AC005015.2, AL137852.15, AP001207.3, AL035458.35, AP001753.1, AC026794.4, AL139022.4, AC009179.17, AL033383.26, AC090498.2, AC011472.7, AL162578.13, AL590762.1, AL117380.28, AF045555.1, AE006467.1, AC006088.1, AL096701.14, AL137881.12, AC011491.5, AC018828.3, AC005081.3, AC034193.4, AL110115.38, AB001523.1, AL023586.1, AL022237.1, AP000348.1, U91322.1, AL049591.12, AL133367.4, AC018808.4, AC091529.1, AC005666.1, AC011497.6, AL450339.5, AC004655.1, AP001718.1, AC005052.2, AC026866.8, AL136228.8, AC005793.1, AL139317.5, AL354720.14, AC004129.1, AL035461.11, AL161727.15, AF217413.1, AC007371.16, AL049539.21, AL008729.1, AC000353.27, AC003962.1, AC005940.3, AL158830.17, AF001549.1, AC004263.1, AC006441.13, AP000345.1, AC011811.42, AE006640.1, AL035086.12, AC004777.1, AC055120.5, AC002430.1, X02571.1, AC009477.4, AC006285.11, AC006597.2, AC018663.3, AC011479.6, AL139193.4, AC005692.1, AC009220.10, AC005907.1, AC007384.3, AC005049.2, AC004913.2, AC010328.4, AC005701.1, AC016025.12, U59962.1, AP003357.2, AC006345.4, AC006241.1, AL356805.5, AC004089.25, AC009247.12, AC005520.2, AC004910.1, AC027319.5, AC011495.6, AC008126.9, AC008521.5, AC005231.2, AC006449.19, AC002554.1, AL138720.19, AC011485.6, AL138875.8, AC008747.5, AC002994.2, AC003029.2, AC005291.1, AC006430.22, AL121712.27, AC078962.30, AL359082.16, AC004647.1, AC002429.1, AJ277546.2, AL133351.33, AL355102.5, AL391827.18, AL137140.12, AC004812.1, AC005098.2,

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HSAWZ41	492	580872	1 - 1374	15 - 1388	AI547110, AI344906, AI318548, AV683406, AA425283, AW162314, AW409621, AI174703, AF126947, AA493546, BE139230, AV758849, BE677164, BG003974, AI065031, AA280886, AV763460, AA584360, AI251024, AW504667, AA533660, AW021674, AA493245, AW162332, AA313025, AA524604, AA557945, AW410844, AI028148, BF882222, AW069110, BG180320, AA577706, AW963552, AI890283, AU120423, AW474825, AW514844, AW023975, AI003068, AI281622, AI275989, AA601376, AI753131, AW151848, AI754926, AW662484, AA533066, AV762541, AI114543, AW265468, BE244308, AI572680, AW085811, BE747923, AV760048, AA636077, BF882223, AV764119, AA515727, AW875184, AI797998, BF970107, AW962971, AI732690, AI174827, BE049409, BE042324, AA828840, BG059139, AI921744, BF724416, AA084439, AA748071, AI446618, AW963489, BF942991, AI813920, AA807704, AI826857, AI732720, AA702637, AW439224, AI755227, AA640305, AA658443, AA804177, AI431442, H62123, AA676462, BE080768, AI114755, AA535558, AW501278, AL121039, AW631267, AI702049, AW262946, AV712092, AW403177, AW979200, N99245, BF944618, BF445745, AA601712, AW162762, AW409626, AI064968, AV732057, AW855527, BF876005, AW157128, AW148964, AA663579, AW847344, AA086042, AI859368, AI571894, AA507623, AA046906, AA554289, AW085626, AW151247, AW148821, AI821901, AI570067, BE882869, AA600127, AW103990, AA632355, AI640717, AL039436, AI828721, BF949151, AA157876, AW084152, AW960129, AA618531, AI744890, AI252005, AI038029, AI254463, BE967607, AA809125, AW771679, AW975150, AA419230, AA167656, AL046620, AI733523, AV706458, AW166996, AW022796, AV683668, AC015541.21, AC026162.5, AC018816.5, AC004953.1, L44140.1, AC008891.7,

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HSAXA83	493	545051	1 - 635	15 - 649	BE275396, BE275061, AA313781, BF977059, AI640202, AV709881, BE677876, AI291229, BF693434, AV710052, AI366963, AW137805, AI968874, AV744018, AV708132, AV688915,

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HSAYB43	494	604143	1 - 1685	15 - 1699	F17610, BF109566, AC026185.3, AC067941.7, AC002527.1, AC007263.4, AC006581.16, AL445237.16, AC005220.1, AL139415.10, AB045358.1, AP001711.1, AC013751.6, AC004104.1, AL109628.5, AL121986.12, AC005086.2, AC011890.4, AL512378.7, AP002532.1, AP001712.1, Y10196.1, AC005883.14, AC026672.44, AP000036. 1.
HSAYM40	495	462797	1 - 419	15 - 433	AA456872, H29988, AW966389, AW964541, AV702035, AV705869, AW964468, AV706147, AW966330, AW949645, AV704548, AI535686, AW975618, AV724520, AV718692, AW964532, AA809122, AV718489, AV727418, C14331, AW973445, C14344, C14407, AW973541, AV699927, D51799, AW966343, AV720088, AV718800, AV692290, AV720104, AV707449, AW966397, AW960483, AW973330, AV720791, AV650003, AW966062, AW966369, AV726330, AV719822, AV699550, AV722801, AW975613, AW973490, AW975623, H67854, AW975605, AW966342, AV719557, AW960081, AV718487, AW959799, AV718938, AV718633, AW966378, AV718931, AV720731, AV720533, D81111, AW965176, AV719391, Z21582, AW966399, D58101, AW960534, AW978634, N66429, D80164, D59859, D59610, D80439, D58246, D81030, D80251, D57483, D80157, AW973307, D51053, AW966059, AA305409, AW973488, AW960454, D80166, AW973474, D80212, D80268, D80366, AW950117, D59889, AW949629, AI525920, D80188, D51423, D59619, D80133, AW978661, D80210, AV720151, AW960553, D80240, D80253, AV701839, D80219, AV719945, AW973447, AV719324, AW952839, D80064, AW960473, AW950578, AV718707, AW966075, AW966386, AW966065, AV720211, AV720878, AW966368, AV720616, AV718427, AV720729, AW966032, AW966331, C14014, AW966398, AW959582, AV699447, AV700357, AV721386, AW958993, AW949498, AV723927, AV699866, D51060, AW959136, AV699715, AW949653, AW949656, AW949630, AW949631, AW949643, AW949618, AW949642, AW949657, AV700889, AW949655, AW959202, AV726423, AW966333, AI557751, AF058696.1, AB002449.1, AB028859. 1.
HSDAJ46	496	692358	1 - 1523	15 - 1537	AI800075, AI686505, AV726613, AW023374, AA418208, H97489, AA620395, AA418073, AW027850, AA401879, N67776, AI168759, N36146, AA700811, N28007, AW952793, AA012999, AW904436, H99095, AI015805, H82563, H60753, R87427, AA688368, BE702596, W03403, H59689, H83666, R85022, AI582759, AA205528, H83667, N35665, AA322820, AW072108, H60754, R07653, AA339201, H59688, R07706, N26551, N69337, H84836, N88280, BE744699, AA640177, AA221012, AA094140, AB025904. 1.
HSDEK49	497	1352253	1 - 1768	15 - 1782	AL513706, AL513705, AV700980, BF343961, AV710516, AV716397, AV715849, BF351156, AV717025, AW071975, AI922669, AI129815, BF106386, AA702864, W32947, AV690218, AV685715, AV693576, AV686846, AV695322, AV697709, BF924861, AI168499, AI343825, AA627735, AI554367, AI335089, AV697729, AI290781, AA875852, AA442570, AV686969, AV698914, AA486920, AI357884, AI088635, W79882, R39812, AV683817, BF932594, W17367, N78991, AA972857, R62969, R59135, AW961380, R56601, BE857524, R66262, W74268, AA436814, AA813538, H05057, AA133776, Z43556, R14044, R81029, T48889, AA228697, R56602, AA142932,

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HSDER95	498	664502	1 - 560	15 - 574	BE881136, AW005333, AA631227, AA143192, AV707034, AA181022, AI301959, H98648, BF507561, AU143221, BF514388, AA594850, AI478582, AV681894, AA287457, AI393857, N75788, BE044258, AA211849, F06608, N22567, AW450628, AA563681, AW195766, AI915322, BF701252, AA186657, AA992992, AA143136, AI302352, BF035111, AA631048, AV706818, AI341927, AV703142, BF446906, BE693540, AW961036, BE676990, AI870902, AV744251, AV749732, N75929, AW887695, AA973384, AA160641, AA338837, AK024037.1, AL359596. 1.
HSDEZ20	499	1352287	1 - 781	15 - 795	AL354891.11.
HSDFW45	500	589974	1 - 1728	15 - 1742	AA235952, AA235753, H40529, AA297145, BE139139, AI250552, BE062159, AI251034, AW970571, AI284543, AI251284, AW664460, BE138387, AW968338, AW023111, AA502991, AV655282, AI355559, BG059314, AI254770, H91062, AI244985, AI446623, BE000614, AW276678, BF131490, AI251203, AW151541, AW410354, AA584756, AV758870, AW303098, H07953, AV721136, AV723445, N55515, T74524, BF917346, AI279417, BF968874, AW328000, AI281561, AA642809, AA515048, AI587583, AI587565, T07327, AI859438, AI003611, N95817, AW865946, AV764340, AI249853, AI821764, AI732483, AA665960, AW237905, AV761107, T50676, AI066646, AL524675, BF030962, AC010000.5, AL392166.19, AC007546.5, AP000719.4, AC011811.42, AC024093.46, AL590762.1, AC018890.10, AC011247.10, AC011450.4, AC007277.2, AC002470.17, AC004821.3, AC004938.2, AL445483.13, AC010422.7, AC007263.4, AL390298.13, AC019205.4, AC003070.1, AC008805.7, AC084865.2, AC008491.6, AC019227.4, AC011449.6, AC012627.4, AL035251.11, AC005086.2, AF129756.1, AC024239.7, AC011465.4, AP001729.1, AL158207.15, AC090527.3, AL138878.10, AL353716.18, AF288742.1, AL390241.19, L78810.1, AL080317.11, AC008895.7, AP001436.1, AL121751.12, AC006345.4, AC091529.1, AL365505.15, AL035587.5, AL161757.4, AP000501.1, AP000156.1, AC006435.7, AP000014.2, AL139384.16, AC005480.3, AC005520.2, AC013449.8, AC011005.7, AC005004.3, AL359513.12, AL133153.3, AC005971.5, AC007656.2, AL138729.11, AC008764.7, AC005859.1, AL049843.18, AC010618.7, AL109936.10, AF039907.1, AL355980.6, U95740.1, AC007189.6, AL136228.8, AC011551.3, AL135978.4, AL034405.16, AL133260.12, AL109797.18, AL139785.5, AL022336.1, AC012076.4, AL117336.22, AL354696.11, AC008655.6, AC002378.1, AC006111.3, AC005940.3, AF241728.1, AC007000.2, AL445489.10, AL033529.25, AL031282.1, AL021937.1, AL391833.10, AC006946.20, AC022212.4, AC090937.1, AC083866.2, AL356915.19, AL356805.5, Z85987.13, AL353748.13, AL163208.2, AL354815.10, AC017079.5, AL355476.12, AC005412.6, AL157817.13, AC069475.27, AC020908.6, AL049830.3, AL035072.16, AC005231.2, AC010271.6, AL122015.17, AL136137.15, AL121992.24, AC011475.6, Z84466.1, AL354864.16, AC018797.4, AC068533.7, AC006994.4, AL137792.11, Z98304.1, Z99943.1, AC011456.2, AL034372.33, AC003002.1, AP000088.1, AC010150.3, AF334404.1, AC016554.7,

					AC010469.7, AL031229.2, AP000855.3, AC005924.2, AC004084.1, AC005920.1, AL158198.14, AC004991.1, AP001716.1, AC005874.3, AF134471.1, AK000008.1, AC009004.6, AF091512.1, AL096701.14, AL359091.10, AL050332.15, AC004998.2, AC009812.17, AC011471.6, AL031407.3, AC006121.1, AC011470.5, AC009488.5, AL355336.15, AC010582.6, Z73417.1, AL136300.22, AL136040.5, AP001725.1, AC005368.1, AC007690.11, AL109855.16, AL158815.14, AL049874.3, AC007371.16, AL078461.38, AC010913.9, AL132768.15, AL139054.1, AL355337.12, AL050335.32, AC040160.4, AL442167.1, AC004951.5, AC039057.8, AC008397.7, Z84487.2, AC074121.16, AC004881.1, AC005212.1, AC005872.2, AC010134.4, AC003080.1, AF279660.2, AC005207.1, AL356095.11, AC006254.10, AJ003147.1, AP000347.1, AB025285.1, AC008736.6, AL390878.6, AB011399.1, AC004000.1, AL136000.4, AC012476.8, AP001442.1, Z93015.9, AB001523.1, AC004999.1, AC020934.7, AL137060.13, AP001675.1, AL109935.39, Z98946.15, AC012318.7, AC004941.2, AC003684.1, AL354668.13, AL138720.19, AC007345.5, AC016995.4, AC011510.7, AL109827.8, AC004873.3, AC008267.6, AC005237.2, AL121928.13, AC007421.12, AL096840.25, Z99716.4, AC004971.3, AL049713.20, AL022163.1, AC020659.5, AC007666.12, AL354720.14, AL133342.14, AC011461.4, AC090948.1, AL132780.5, AP000141.1, AP001727.1, AC004686.1, AC010255.9, AC005746.1, AF053356.1, AC011469. 6.
HSDJA15	501	795252	1 - 1429	15 - 1443	AW864388, BF680896, BE220848, AI982565, BE967606, BE042914, AI215617, AA553540, AW864512, AL118801, Z45033, BF949835, Z40201, T87220, F09990, H11649, R38421, F07708, R55771, R45396, F04558, R41971, AI863613, T16890, AW051331, F03377, Z40771, AA188521, AI699582, F04949, H97413, AI784055, AW510885, AW136105, AW467042, AL046385, AI690813, AW080157, BF724894, AI364167, AI288328, AW265004, BE907663, AI559752, AL514511, AW972273, BF345598, AL514409, BF968666, BF868489, BF997967, AI689096, AW827289, AI925164, AI922597, BE876976, AI683270, AI342023, AI049669, AL513977, AL514359, AI950729, AW198090, AI598017, BE538997, BG105381, AI359787, AW194014, AI432532, AW087837, AI824357, AI860787, AL515413, N25033, AI581139, AI370623, AW972279, BG167830, BG033608, AI952306, AL513729, AV750565, AI421662, AI568061, AI580027, BE964206, AL513913, AI933574, AL514493, AI524179, AI610671, AI925281, AI917428, AI499963, BE780955, AI628214, AL514721, AI341690, AI224373, AI538008, AL514015, AL515171, AI887163, AI932794, BE729304, AI872154, AI267454, AI677646, AL514357, BF811802, AI635528, AV682250, AI638644, AW084896, AI890907, AL514791, AW105429, AW081648, AI538850, BG111199, AI583670, BE965732, AI345415, AW089844, BG029709, BF970652, AW020397, AW268221, AI446704, AW263796, AL514455, AW301974, AI049923, AI909641, AL513693, AI357902, AL513863, AV682403, AI651609, AI612107, AI499570, AI471325, AI522052, AI440238, AW020328, AL513865, BG114304, AL513713, AV682366, BF037097, AI289483, BF751299, AF255922.1, AL109779.1, AL161964.1, AK025113.1, AL136825.1, AK024992.1, AL133084.1, AF369701.1, AB062978.1, AK000476.1, AK026038.1, AF232009.1, AL050366.1, AF339775.1, BC007460.1, BC009398.1, AB060884.1, AB063074.1, AK000083.1, AL162002.1, BC005805.1, BC004899.1, AF155656.1, AF326206.1, AF265236.1,

					BC004925.1, BC001967.1, AL359583.1, AC026307.16, BC009294.1, AL122110.1, AF002672.1, AK000653.1, AP001624.1, BC004292.1, AK027204.1, AL117460.1, AK025258.1, AK000718.1, AL389983.1, BC003591.1, AK025099.1, AB056421.1, BC001059.1, AK025092.1, AB047627.1, AL136805.1, AL133559.1, X68560.1, AP001746.1, AL133049.1, BC004349.1, BC005094.1, AL050149.1, U62966.1, AC002471.5, AC005374.5, BC008282.1, AK024747.1, AL133072.1, BC008591.1, AK026630.1, AL137533.1, AB060229.1, AC079801.2, BC009285.1, AF183393.1, AK025435.1, AL133608.1, BC005007.1, AL133088.1, BC007567.1, BC007420.1, X99971.1, S71381.1, AK027116.1, AF277181.1, BC004202.1, AL117435.1, Z35309.1, AK026633.1, AL117587.1, AL080154.1, BC005816.1, BC006458.1, BC002733.1, BC008649.1, BC001785.1, BC001964.1, AK026570.1, AL080150.1, AK025465.1, L10376.1, AL450164.7, AL137271.1, AK026885.1, BC004513.1, AL122100.1, AK027260.1, BC008387.1, AJ001838.1, BC007905.1, AL117626.1, AF143723.1, AF141289.1, AF103804.1, BC000100.1, AK024855.1, BC001305.1, BC002933.1, AL137548.1, AF090934.1, BC008364.1, AF217994.1, BC000090.1, S70057.1, AK024978.1, BC007796.1, M92439.1, BC003410.1, AK000418.1, BC006091.1, AL137560.1, BC008504.1, BC004951. 1.
HSDJJ82	502	460602	1 - 448	15 - 462	AW594636, AA610164, AL050309.4, AC011445. 6.
HSDJL42	503	1036471	1 - 2527	15 - 2541	BG260294, BG260369, BE564562, AW138350, AA035736, AI377064, AA456520, R53655, R53544, AA053788, BF924748, T10268, AI124831, R34409, BE149848, R15018, T80356, AA232756, AI141245, R39046, AA232126, T10269, AI453516, R41458, R48947, AW964468, AV702035, AW975618, AA809122, AW966330, AV718692, AW973474, AW973465, AV724520, AI535686, AV720533, C14331, AW973445, AW959799, AV718489, AW966333, Z21582, AW966386, AW960483, D51221, AW973307, AV720150, AV718427, AW949629, AW960465, AW960553, AW965158, AI557751, AV720731, AW966059, AV722801, AW973541, D58283, D80522, AW949645, AW966388, AV720729, Z30160, AW959570, AV721386, C14014, AW966531, AW978634, D80133, AV720151, AV699550, AW961136, D52291, AV720211, AW949634, AV719822, AV691387, AW973488, AW960454, AW966400, AV720616, AW966032, AW973330, AV700357, D80024, AA305578, AW949632, C05695, D80188, AW959202, D80248, AV718707, AV719557, AW966331, AW966398, AW959136, AV700889, AV696294, D57483, AW966062, AV719783, AV718931, AW960534, AV720464, H67854, AW966399, D80043, AW966343, AW952839, AW965177, AW966043, D59859, AW960532, AW964532, D80439, D58246, D81030, D80247, D51799, AW966369, D80251, AW973490, AV727418, D80157, AW975623, AA305409, AW966342, AV692290, AW950117, D80166, D80212, D80268, D80366, D59889, AW975613, D51423, D59619, AW978661, D80210, D80240, D80253, AV701839, D80219, AV719945, AV720088, AV719391, AW973447, AV719324, AV718938, D80064, AV718633, AW975605, AW966378, AW950578, AV720878, AW966368, AW959582, AV699447, AW966397, AW958993, AW949498, AV723927, AV699866, AV699715, AW965176, AW949653, AW949656, AV726330, AW949630, AW949631, AW949643, AW949618, AW949642, AW949657, AW949655, AV726423, D59551, AV684481,

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HSDJM31	504	491112	1 - 547	15 - 561	AA426010, AI986451, BE856226, AA773781, AI699994, BF477477, BF929123, BF526671, BF341281, AW020695, BF929118, BF966870, BF966816, BF966822, BF342126, AV726843, AC018616. 5.
HSDSB09	505	1301498	1 - 795	15 - 809	BF432333, AI861851, AI240993, AI795956, AI074484, AI640759, AW006868, AW241621, BF592070, AW271387, AW614840, AW450466, AW243423, AI244694, AI640517, BF431431, BF431530, AI439169, AI613108, AI915938, AI984796, AI245393, AW300335, AA931466, AW235983, AC005722. 1.
HSDSE75	506	545057	1 - 1137	15 - 1151	AW378251, BF349814, AA687791, BF739001, AW378183, AA661723, H61383, T88677, H62404, AA443169, AW339864, AA458622, AA252063, AI129690, AW960791, AB006755.1, AB006756.1, AB006757. 1.
HSDZR57	507	651375	1 - 294	15 - 308	BE255995, AW473473, AW206723, BE312252, AI571368, AI810895, AI479711, AI656582, BE676619, AI492370, AI929750, AI762058, AW271956, BF591321, BF434884, AI500262, AW612319, AW085870, AI627969, AW168428, BE796769, AI767097, AI205848, AA632229, AI565786, BG033526, AV729047, AA876257, BE563237, BE905450, AA478285, BE257238, BE878838, BF664024, AA641693, AA478343, BC002907.1, AK000519.1, AC008755. 6.
HSHAX21	508	612823	1 - 1972	15 - 1986	BE379784, AL522216, AL520172, BF439334, AI652855, AI766309, BF512139, AI635715, AW299533, AW299897, AI129966, AW411210, AI624534, AI925109, AI803484, AI804159, BF184613, AA279212, AI609083, AI969459, AI860837, AA879465, AI183591, AW104990, AW316983, AW474646, AW630619, AI955714, AW409582, AA678827, BE139077, AA766602, AI431314, BF087963, AA081236, AW194027, BF701425, AI521521, AA588351, AI923638, AU155980, N39554, AV686756, AA769352, R78080, AW613876, AA259257, R22218, AA443811, AA969814, AA729654, R80114, T60532, AI969030, AW572611, AA259256, R80005, AW805183, BF592136, T51990, BE972627, Z38832, R23587, R24524, T52102, AA371263, AI564179, AI783565, BF700820, BE619819, AA447188, AK001845.1, AL136705. 1.
HSIAS17	509	1352191	1 - 1767	15 - 1781	AL519037, AL522565, AL519036, AL529136, AL529135, AL530266, BE745103, BF528553, BF971144, BE745909, AW328641, BF796812, AL523650, AL525532, BE889377, BE514827, BF982724, BF036473, AW241827, BE378558, BE207101, BE675053, AI888192, AI990765, AW583031, AA469984, AA469998, AI660851, AW615511, AA412213, AW269957, BF589410, AA829396, BE673372, AW873087, BF589512, AW590539, AA834131, AW004730, AI204640, AA233023, AI339908, AW183546, AI434667, BE300850, AA884392, AW769309, AW138531, AA377194, AA555187, AL523649, AW138564, AA232705, AI698753, AA340084, AW584027, AI950847, R09010, BE151689, AI864316, AA523007, R05695, BE122646, BE122728, AL045891, AL041862, AL042898, AL079977, AL047092, AL047163, AL046356, AL043089, AL043321, AL043196, AW858522, BF726868, AL042745, AL042488, BE047737, AW772685, BF726504,

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HSICV24	510	1352248	1 - 1396	15 - 1410	AW799303, AA633203, AW799302, AW799306, AI433789, BF223678, AI916373, AI672405, BE221531, AA643668, BF057669, AI433800, AI891024, AI891035, AI685189, BF223585, AW858463, AW858462, BE042564, AI286247, AW604739, AW604773, AA588275, AI183412, AA383471, AW858494, AA506115, T78713, BE719434, AI080125, T78329, AA910485, BE927209, R70701, AI675532, AW858492, AW361354, AI917244, BE005027, AW858469, AW805470, AA834710, BE009113, AA336466, AL137878.11, AL445217. 3.
HSIDJ81	511	589447	1 - 1289	15 - 1303	H27567, H27494, H71543, AI754653, BF857849, AW023111, AI521525, AW572721, AW963450, AI254770, AI926102, AV701462, AW020150, AI871973, AW500534, AW275432, AA218851, AA595661, BF854170, BF853574, BF853009, AW151247, AA536040, AW274078, AW958962, AI791659, AA669238, AI223626, AI249853, AW302048, BF725844, AI284543, BE139139, AW855625, AL042621, AW575000, AI801505, N68677, AI250552, AV758870, AW272294, H86725, AW851405, AI625604, AI251034, AA525807, AW075979, AI697235, AI090377, AA570255, AA702637, AV760014, AA729387, AA831426, AI697239, AI697242, AW504224, AI879951, AW502949, H77492, AW514065, AI224583, AV759203, BF527070, AA491767, AA229496, AL158830.17, AC005412.6, AL355855.23, AL132718.5, AL391868.15, AF285442.1, U91321.1, AP000505.1, AF129756.1, Y14768.1, AB000882.1, AL353804.22, AC005013.1, AC004448.2, AL139415.10, AC009309.4, AC091529.1, AL391122.9, AC009996.7, AL354836.13, AC010530.7, AC005274.1, AC007242.3, Z98048.1, AL354861.11, AC006121.1, AC007685.2, AC020552.4, AC008126.9, AC090509.1, AL096701.14, AC090951.1, AC066597.4, AC068319.4, AC006581.16, AC005332.1, AL117334.29, AC005200.1, AC024163.2, AC005632.2, AL031447.4, AL163279.2, AL355074.5, AL121586.31, AL021546.1, AJ295844.1, AC005484.2, AC013717.8, AL445196.7,

					AC007255.4, AC008760.6, AL136219.17, AL160274.9, AL031277.1, AL390037.16, AL031658.11, AC012170.6, AC005102.1, AC026464.6, AF228703.1, AC008068.4, AC005921.3, AL121808.4, AC004699.1, AC009412.6, AL031311.1, AC007216.2, AB053170.1, AL109965.34, AC009488.5, AF312915.1, AL132713.11, AL133173.19, AC087225.1, AC022516.4, AC009314.4, AC007376.9, AL034420.16, AC007850.29, AC005280.3, AL449305.4, AC020913.6, AC010326.6, AL391259.15, AL512885.4, AC004824.3, AC024168.4, AC009137.6, AL023575.1, AC010271.6, AC011446.6, AC004000.1, AC090005.1, AL121594.6, AL031726.22, AC005180.2, AL136305.14, AC006251.3, AL139316.5, AC007262.4, AL109963.4, AC012085.4, AP000503.1, AC005995.3, AC007041.3, AL121903.13, AL139039.17, AL121973.2, AL022326.1, AC073101.7, AL359986.15, AC006449.19, AL356257.14, AC019206.4, AL358237.13, AL138720.19, AC006457.3, AL162458.10, AL034380.26, AP002436.3, AL445143.2, AC010223.5, AL157952.8, AC007707.13, AL031293.1, AC008641.6, AL357315.14, AC003080.1, AL138688.27, AL138752.5, Z95115.1, AL158207.15, AC004840.3, Y10196.1, AC005859.1, AE006465.1, AL356115.9, AC018492.6, AC006455.2, AC018764.6, AL117348.25, AL049835.3, AL118520.26, AC004491.1, AC005480.3, AC090518.2, AC010618.7, AC005940.3, AF111168.2, AP000213.1, AC018636.4, AL356299.16, AC091493.1, AL136179.15, AC005257.1, AL096791.12, AL139113.21, AP000135.1, AL357518.15, AL021808.1, AL133453.3, Z93017.6, AL365444.11, AL390838.26, AL445669.9, AC008812.7, AL513008.14, AC007537.3, AC004447.1, AC003029.2, AC026776.4, Z97054.1, AC005399.19, AC010412.7, AL133466.22, AL136164.8, AC005527.3, AP000031.1, AC010616.5, AC074295.7, AC090532.1, AC004846.2, AC018808.4, AP001724.1, AC005529.7, AC004551.1, AL353777.18, AC004686.1, AC008044.4, AC018663.3, AC004873.3, AP001412.2, AL022316.2, AF064858.2, AC008279.3, Z94801.1, AC010363.6, AL162390.9, AC005070.1, AL078596.8, AL590762.1, AC079177.21, AC003101.1, AC004644.1, AC006101.3, AC005516.1, AL353798.9, AC002037.1, AL049576.19, AC008784.6, AC011455.6, AL162584.9, U82828.1, AF134726.1, AC009319.19, AC007541.9, AL136295.3, AC013449.8, AL132780.5, AL109952.15, AC005081.3, AC007991.7, AF168787.1, AL136304.10, AC004789.1, AL354808.24, AC027130.5, AP000152.1, AL138958.18, AC020633.3, AC004813.2, AC018500.3, AC006077.1, AL109956.19, AL139317.5, AC004851.2, AF243527. 1.
HSIDX71	512	1033671	1 - 2104	15 - 2118	AI921837, AV760391, AV760466, AV760389, AV733824, BE252421, BF725761, AV756220, AV759518, AV760019, BF868994, AV760560, AV762645, BG029528, AA760655, AW963474, AA594157, AL138431, AV698087, AI583252, AW851405, AW075768, AL042377, BE301584, BG164617, AL041924, BF342223, AA129746, AI732483, AA808153, AL037683, AI345695, BE882869, BE875478, AI917891, AV760508, AW855643, AL042853, AW975626, AW505253, BF828714, BF826830, AA169245, BE973547, AC007193.1, AL031985.10, AC006530.4, BC008387.1, AC008806.4, AC020558.4, AC009274.9, AC025594.5, AC004975.2, AL355392.7, AC009244.24, AC020906.6, AC008812.7, AC074121.16, AC002302.1, AL008635.1, AL353807.18, AF312915.1, AP001710.1, AC009131.6, AL354808.24, AP001694.1, AL031729.16, AP000208.1, AP000130.1, AL117694.5, U91323.1, AC020754.4, AC004686.1, AL138836.15, AL157838.24, AC004031.1,

					AC020916.7, AC006115.1, L30117.1, AC022206.3, AC007376.9, AL161747.5, AC002425.1, AL031003.1, AC009087.4, AL079342.17, AC010458.5, AF099810.1, AC008569.6, AC007225.2, L78810.1, AC002492.1, AL138724.12, AC005052.2, Z82214.23, AC005081.3, AC034251.5, AL049540.11, AC010473.5, AC003029.2, AC005224.1, AC004067.1, AC019046.4, AC004906.3, AL096701.14, AC024028.10, AL590763.1, AC009412.6, AP000514.1, AC010358.5, AC005754.1, AP001716.1, AL391259.15, AC002041.1, AP001623.1, AC015982.9, AC009408.3, AB014078.1, AF200465.1, AC007055.3, AC026464.6, Z98036.1, AF196779.1, AC005971.5, AL035071.17, AL049780.4, AL121658.2, AC010319.7, AP000873.4, AC007298.17, AC005799.1, AC005566.1, AL355343.18, AP003357.2, Z68284.1, AL022165.1, AC020644.6, Z85987.13, AC021396.6, AF279660.2, AL035703.20, Z85996.1, AC011742.3, AF243527.1, AL049776.3, AC002551.1, AL121895.26, AL049872.3, AC010742.4, AC012591.8, AC011464.5, AC007390.3, AL136126.34, AC018764.6, AC027319.5, Z93017.6, AL135839.15, AF024533.1, AL049637.43, AP001705.1, AC034242.5, AC004840.3, AC007617.10, AE006467.1, Z84487.2, AP000247.1, AL121585.22, AL391280.15, AC003043.1, AL138688.27, AL138743.5, AC008755.6, AJ003147.1, AC005902.7, AC011455.6, AC005519.3, AP001666.1, AL139286.13, AL355916.2, AC013726.7, AC006357.5, AL049699.8, AL021918.1, AL133477.16, AC009953.4, AC004832.3, AC002467.1, AF334404.1, Z86090.10, AP000424.3, AC005231.2, AL109807.16, AC006451.5, AC008745.6, AL354776.15, AC025262.27, AC007664.12, AP002898.1, AL020997.1, AL021397.1, AL137139.9, AC005037.2, AC004953.1, AC008687.4, AC034240.4, AC005015.2, AL023693.25, AK025772.1, AL160191.2, AL136295.3, AC008754.8, AL049829.4, AC010326.6, AL022320.23, AC005527.3, AL138878.10, AC015968.4, AL163218.2, AC022083.6, AL133387.8, AF196972.1, AC004967.3, AL449305.4, AC005736.1, AC005730.1, AC010956.12, AL132795.12, AC000360.35, AC011994.10, AC018641.3, AC020750.3, AP000783.4, AL133453.3, AL121926.24, AL109952.15, AL355353.23, AL033529.25, AC012384.16, U91321.1, AL139339.22, AC012507.9, AC016995.4, AC007041.3, AL353596.13, AC011452.6, AC005255.1, AC007868.2, AC009247.12, AL356983.33, AL135927.14, AC005409.1, AC007536. 9.
HSJBQ79	513	1304677	1 - 573	15 - 587	BE875623, AL520513, BE889141, AW239200, BE874464, BE245256, AV723508, BF055054, AA232452, AA853047, BE885254, BE185284, BE620276, BF772972, BF772971, AW068453, AW176526, AL520512, BF772807, BF809972, AF183423. 1.
HSKCP69	514	702021	1 - 1237	15 - 1251	BE176391, AW043865, AW008387, AA707041, AA148822, AA682310, AI742170, AA029670, BF810978, BF439099, AA150422, AI168076, AA693926, N67047, W00859, AA044243, H75419, BG166474, BE467072, D62012, BF211202, BE771574, R09346, R09234, H68486, R06965, C00322, BG055641, AA044324, R06914, AL136693.1, AK027115.1, AC007969. 3.
HSKDA27	515	1352409	1 - 4398	15 - 4412	BF338364, BG253437, BG122685, BF037455, AW303375, AW173315, BF037378, BG120262, BG117983, BF915045, BF057308, BG252401, BG034853, BF793365, AW379378, BF826037, AA570507, BF915582, BG122734, W07328, AA600736, AI971935, BE697573, BE313814, AI090486, AI751258, BE839359, BF447303, AW631492, AA625303, BF513067, AI609700, AI768270, AI751257,

					BE939504, AA417652, AI751036, BE378218, AI652363, AI971415, AA599207, AI371013, AA024968, AI147536, W55850, AA063585, AW794702, AA446024, BE889110, AI828437, AI862133, AA421744, AI272646, AI148235, AA419609, AW005418, AA634323, BF883408, BF378271, AA416767, AA258414, AW305114, AI083516, AI752526, AW024492, AI698032, AW957682, AI092202, AI191710, C05155, AA419525, AI218226, AI754332, AW794499, AA410929, AI936116, AI079893, BE272411, AA593295, AA455497, AI039656, BG035195, AA747741, AA774270, AA364833, AI350380, BF940413, T59268, BF197746, AI084698, AW800540, AA834031, AI673545, AW795817, AA978105, AA622501, AA032249, AA912802, AI432010, N66832, AI751035, AI754989, AI082183, BE178218, AI751086, N75819, N67061, AA971661, AA873147, AA478719, AA036654, T59227, AI538117, AA662437, BE765721, T66232, AI751085, AW674273, AA024662, BF197986, AI564218, AA319726, AA657729, N64555, AA852211, C03119, AI221431, AA455496, AA033678, C04206, AI520867, AA258397, AW867914, AW867908, AA382381, N24008, AA456579, AA936765, AI433202, AA446297, AW338252, BF940540, AI075349, D31528, BE839377, AI537292, AA382234, AI446798, BE839418, AA459088, BF724219, BE839363, BE773013, AI064722, AW375493, AW375513, AW375482, AW375483, AW375502, AW370152, AW134700, BF352435, AW375514, F12285, BE772982, AW797394, BE839409, BE710069, AA299257, AI061637, BE773049, AW375497, H63649, AW805832, H29954, AI587210, AW836298, BE773047, H75893, BF985423, BF089372, AA610296, T73259, D30912, BE839372, BE934501, AW937287, AL531501, AI270416, AW376140, AW838930, AI886158, AA375571, AL134647, H94943, BG006581, AW964941, AA336003, AA410897, R94988, W47433, R64321, D31541, W39467, AV693669, T82080, W04350, AA384793, AW572523, BE693478, AW375499, BF569459, AA428478, BF001215, H43934, AA382233, Z20767, AA382380, BE157468, W16893, BE066790, AW384231, BE157596, H80974, R96403, BE814079, AA345211, BG153436, AV654605, BE157507, AW292030, H62182, AW384236, AI382511, BF674009, AA335755, H25902, W65400, BG169442, AV710284, T64640, AA994712, BF944442, BF725435, BF726055, BF917617, W67868, H71581, AA326037, M14036.1, X07577.1, M13690.1, M13656.1, M13203.1, X54486.1, X07432.1, AB062098.1, X07431.1, AB062097.1, AB062096. 1.
HSKHZ81	516	1307105	1 - 955	15 - 969	AI814274, BF869496, AI092236, AI275399, AI970748, AW381532, BF828729, BF828779, AI355259, AA055367, AA582963, BF825322, BE158757, BE158812, BE182090, BE182079, BE140770, BF737235, BE182110, BF836665, AW238620, BF828691, BF828827, AA055699, BE711192, BE717546, BF737527, BE140771, BF094219, BE158774, BF826017, BF838537, BE939669, AC002389. 1.
HSKNB56	517	548077	1 - 1320	15 - 1334	AV715380, AV705910, BG170454, AW300598, AW996981, AA669095, AA278335, AI797687, AI948608, AA464762, AW996774, BF036901, AI718165, AI129358, AA504439, AI765613, AA114888, BE702298, AA521311, AA114887, AW298550, AA504203, AA810071, AI051218, AI299255, AA804200, AI701050, AI694270, AI631949, AA974370, BF434357, AI890342, AA256836, AI129632, AI023212, BE709212, AI935316, BE702132, AV726168, BE702036, AA252310, AA831496, AA662808, BE169470, AA464174, D57415, AA705444, BE702013, AA280044, Z44155,

					AW902156, BE702163, T71333, Z25261, BE702070, D54675, AA165321, W46279, AI420451, N69756, BE702230, T71487, AA832206, AA973497, AA521314, BF109037, AA877638, AW196653, AI027401, AA255623, AA863081, AI807828, AI831132, AA995204, AA252340, Z28882, W46278, Z40146, BG249572, D57019, BE549886, N87679, T84473, AA452985, Z19443, AI918466, AV651701, F00129, AV651262, BE841213, D56990, AI351209, BE813969, AW369458, AA743770, AL047888, AL047889, AW997000, BF840712, AW582764, AW963201, AW339489, AC002350. 1.
HSLCQ82	518	1352226	1 - 1462	15 - 1476	BF116042, AA454571, AW192766, AI278160, H24834, AI091291, AA456465, AI242593, AA098966, AI379014, H24785, AA921986, BF745395.
HSLJG37	519	1016920	1 - 2112	15 - 2126	AI733659, AI792379, AI003110, BF931916.
HSODE04	520	906081	1 - 1356	15 - 1370	BF369719, Z99289.1, AK027151. 1.
HSPBF70	521	793744	1 - 1383	15 - 1397	BF338332, BG178189, BE298379, AW772433, AI640184, AI751243, AI206927, AI989675, BF816124, AI439989, AA136304, AA128437, AI640906, AA136410, AA129952, AA341541, BE046990, AW382204, AW614497, BE004682, AI804666, BF327533, AI751242, BF327534, AW382118, AW992082, BE004684, AI689235, AI675842, AI274910, AI678921, AW082362, T10108, AI014513, AI538135, N47608, AI141309, AA885897, AI797519, AA652696, AI193489, AA872954, AI201747, AI244946, AI685761, AI810996, BF222389, N89795, AI224610, AI309547, AA513392, AA877674, AA894705, AA905637, AI056500, AW188156, AI138677, AI432328, AW466885, AI420740, AW873600, AI459017, AL047844, AI762549, AI382011, BF980675, T03552, T30150, AA917939, AI005050, AI797790, AI927908, BE857274, AA156935, AI453114, AL047845, H20185, AI140769, BF347892, F20400, AA628898, BE888983, AA928421, H05737, AW189222, AI860596, AA642494, AW058508, T70036, C00014, AA357087, AA731862, BF528632, AA742201, AA993626, AW873561, R39978, AI423668, H16241, AA983866, AI952326, BE152468, AL135012, AW858522, BF084778, AL134110, AW577199, AW601637, AL134524, AW577201, AL045327, AL045494, AL042523, BE927373, AW577192, AL045328, AL047163, AL042420, AL042468, U46344, AL042519, AE006467.1, AL031709.12, AK024842.1, AL136764.1, AL136762.1, AL133053.1, AL122101.1, AL136763.1, AL136758. 1.
HSQEO84	522	1306702	1 - 917	15 - 931	BE874396, BF210667, AV700682, AI271550, AI753504, AW082138, AV745382, AA809220, AW081079, AI879695, AV746084, AV753894, BF576504, AI879318, AI264068, AI219556, AV746036, AW973033, AA455733, AI382746, AA431230, AA548778, AV696126, BE673279, AW386283, AW608255, W78099, AA432251, AW608247, AI344174, AI344234, AF100751.1, AC009948.3, AL109755.14, Z62799.1, Z64678. 1.
HSSAJ29	523	630636	1 - 1030	15 - 1044	AU118451, AL040060, AI222417, AW274713, AI799566, AI927599, AW316768, AI432204, BF507740, AU145007, AW275309, AI221808, AI251922, T77427, AI701846, T31064, AA970391, N69324, BG056871, AA325268, AW964700, AA377871, Z44814, R39528, AA757992, AA969668, AI282347, BF340244, R01659, C01260, Z40602, BG251489, AA371729, AA371555, H39944, AA078017, AF035281.1, AC004890. 2.

HSSDX51	524	566879	1 - 1129	15 - 1143	BF727258, AI792073, AI791928, BF088585, BE503986, BF736863, BF930592, BF527664, BE503764, BF727075, AW206230, BF849175, AA317765, R60584, AU123536, H22857, AI694498, F03192, R05669, AA365484, AW953971, AJ276171.1, AJ279016.1, AK001182. 1.
HSSFT08	525	589978	1 - 777	15 - 791	AA602964, AA609200, AL133255.13, AL157879.7, AL009030. 15.
HSSGD52	526	1352343	1 - 2411	15 - 2425	AU140435, AI609706, AU118420, AI831837, BF529529, AI554814, BE786730, BF984481, BE872435, BE899402, BG179330, AI479884, AI982533, AI690830, AI346254, AI828401, BF094552, BE881525, BF094556, BE669959, BG037013, AW471268, AI561157, AI638805, AL037237, BE855637, AW296244, AI566243, AW675774, AI401405, AW673452, AI476445, AW001226, BF679313, BG057709, AA127685, BE907977, AA861929, BG260609, BF237821, AW956800, AA447921, AI571901, AW589479, AI766919, AI473830, AA938585, AU144989, AI262410, AA559052, AI446187, BG008928, AA917796, BE503565, AI275823, AW470299, AA127785, AI861789, AI167155, AW008965, AA905576, AI167659, BE218804, AI493520, AI281278, H99336, BE710637, AW205944, AI752329, AI752330, AI765810, AV653987, W52643, BF946032, AW168159, BF945858, BF316720, N26442, AA972078, AI817934, AI264423, W45166, AI557365, AI264431, AI288175, BE549758, AA442622, AI824617, AA919004, R70430, AA857204, AI368414, BF593079, AI418025, BE898318, AI262064, AA678751, BG057197, AI084548, W44908, H42841, AI827422, BE771829, AW449397, R48178, N93753, H72494, AA339568, BF108797, BE771822, R44778, BE091331, N88020, R48179, BE003856, AA678750, BE717116, AA837786, AW452952, BE828508, BF663442, AA975074, R19112, D11951, AI391505, BE814402, AI424232, AA436865, BF765542, AI420371, R82965, AW511561, AA541734, BE774069, AI867545, AA367966, AA385530, AA732924, AI371313, BF740054, AI828905, BF957657, H53943, BF764296, BF742191, T10746, F31373, AI559802, R09272, BG116091, R69447, AA303616, BE301258, W78796, W52012, BF956541, T07614, AW439006, T75428, BF917390, BE179163, AI086470, BF821360, BE938534, AA577454, BE301248, AI869470, AU076647, BF001674, AI086839, W94113, U94831.1, AL136295. 3.
HSSGG82	527	618535	1 - 1529	15 - 1543	AW964177, BF663662, AW603820, AI884560, AA398834, AA054137, BE503763, AW613529, BF509801, AA378851, H86275, H84069, BF346487, BF754228, AA327575, AA421165, BF686426, AI825151, BF476556, AI700323, AI591094, AW206900, AI948671, AI695979, AI632290, AW204774, AW134977.
HSSJC35	528	1306937	1 - 1160	15 - 1174	BE867020, AI478611, AW135035, AI796551, AI493335, AI763397, AI205153, AW452868, AW024931, AI770003, AI860167, AW300835, AW236836, AI039293, AA312699, AI033837, BE047902, BF196530, AI587364, AI700805, AI364782, AI631435, AW516669, AA461101, AA741034, AA310989, AA449433, AI671731, AI373338, BE464413, AI621029, AI989810, AI247252, AI478533, AA448924, BF092110, AK000413.1, AB058750.1, AL121845. 20.
HSTBJ86	529	753250	1 - 1752	15 - 1766	AA380166, AC008553.4, AP001572.3, AL354811.13, AP000802.4, AC010591.8, AL161897.6, AC012323.7, AC005883.14, AL359874. 9.
HSUBW09	530	413246	1 - 1007	15 - 1021	AI991103, AI765351, AA703513, BF939824, AI925701, AW295389, AW976578, AI199421, AI422698, AI934983, BE501421, AI127932, AA703493, AW297092, AA677025, AA848037,

					AA814098, AW404152, AW904298, AW182186, AW197850, AA741121, AA651794, AI678148, AA906044, F18680, AA743764, AI632270, AW590435, BE045258, AA608892.
HSVAM10	531	520328	1 - 419	15 - 433	AI654853.
HSVAT68	532	637680	1 - 1141	15 - 1155	BF513864, AI309114, AC008583. 5.
HSVBU91	533	596868	1 - 713	15 - 727	AW839808, AA077633, BF919965, AC008171.3, AF041056.1, AC004089.25, AC005081.3, AC005015.2, AB006629. 2.
HSXCG83	534	944388	1 - 2098	15 - 2112	BF541621, AI926957, AI741909, AA534993, AI435345, AI803123, D82268, N34976, AW167331, AI093828, BF037342, AI140410, AA588188, BF349607, AI287515, AA844074, AA706579, AA759372, AI198783, H78775, AI261392, AI480026, AI027233, AA255439, BF800502, AA256930, AI928179, AW192517, AW961173, AA307508, BE143874, BE765577, BE765574, BE766269, R11616, AI399819, BF752821, AW853138, AW352290, BF752819, BF752822, AW352288, AW352272, BF349404, AW352292, BF752834, AW352275, BE869822, AL119319, Z99396, AW979284, AW970958, AW971965, AW975987, AL037094, AW979004, AW973808, AL036858, AW970564, AW969751, AW979210, AW972857, AW970978, AL036924, AW979140, AW972226, AW979252, AW976039, AW971981, BF868687, AW975126, AW973830, AW975247, AW969658, AW972933, AW972637, AW975922, AW971409, AW973715, AW971112, AW973821, AW972593, AW974272, AW979250, AW975952, AW971245, AW979238, AW976023, AW975607, AW975635, AW970043, AW969656, AL037639, AW973217, AW969885, AW973270, AW979204, AW970113, AW972884, AW973202, AW972695, AW973805, AW973213, AW972719, AW976515, AW975976, AW979165, AW971387, AW976510, AW971954, AW973770, AW972680, AW975975, AW969884, AW972943, AW969759, AW979083, BF592735, AW976982, AW970587, AW975876, AW973650, AW979175, AW973986, AW979064, AW975938, AW975016, AW975138, AW975966, AW975968, AW970921, AW969766, AW979116, AW972806, AW973987, AW975910, AW975943, AW972689, AW972706, AW973164, AW970097, AW973824, AW971964, BF588769, AW975904, AW974379, AW969752, AW976037, AW973718, AW973967, AW975933, AW979169, AW973207, AW979176, AW972882, AW973104, AW975028, AW969782, AW970868, AW972868, AW973985, AW973210, AW975648, AW971129, AW971403, AW973209, AW975971, AW972864, AW973219, AW972440, AW979178, AW972883, AW979081, AW973167, AW975162, AW973750, AW973185, AW971183, AW970110, AW972705, AW972827, AW973946, AW976012, AW979147, AW972823, AW970589, AW971259, AW971350, AW975261, AW971367, AW972685, AW972690, AW972817, AW979294, AW972371, AW975229, AW971968, AW972880, AW979085, AW979228, AW972699, AW979220, AW973190, AW974915, AW973088, AW975173, AW975955, AW974107, AW971429, AW969861, AW979219, AL036418, AW972808, AW973728, AW969839, AW972866, AW972417, AW973271, AW975018, AW975928, AW979201, AW972837, AW975964, AW972816, AW979090, AW969753, AW973997, AW975106, AW975168, AW974089, AW975025, AW971415, AW972711, AW972889, AW973804, AW971414, AW971413, AW975031, AW975914, AW972710, AW973740, AK024632.1, AB026436. 1.

HSXEQ06	535	1016924	1 - 1584	15 - 1598	BG171665, BG109746, BE005933, BG026351, AI670834, AI793031, AW996511, AA481590, BF791148, BF110900, AA884278, AI554009, AA418164, AW966701, AI287582, N39228, AA177106, AA773834, AA233042, AI366763, AA417913, BF327654, AA232936, AW085026, N35014, R46292, F12643, BF947218, AA953139, AV732449, AV660624, Z43417, R54534, AI249382, AI817549, H53484, T34371, T32748, BE762828, AI268132, H26220, F08007, AA976991, Z39490, N72112, F03527, F04961, AA357869, H99278, F10258, R81334, R37424, AV734143, F07252, T74533, AA976568, R54437, AI433026, AW611733, N46671, H13274, N46079, AA481525, D62268, AA360677, H08120, R66918, R76039, BF830437, AA296802, BE811300, W00375, N43768, H93364, N46077, BE718145, AI559424, N72148, AA029181, AA743316, H08119, F36454, AA361446, AW890129, BE831170, AW063750, T77292, W00419, AL135691, AA057340, H86888, AA044960, H38947, BF891014, BE718142, D20601, AW293865, AF007142.1, AC024581.3, AL356017. 3.
HSXGI47	536	886200	1 - 1242	15 - 1256	AV760760, AW968156, AA737309, BE888245, AA640430, AA167792, AL163279.2, AC019205.4, AC027319.5, AC011811.42, AL449363.12, AC011445.6, AC020916.7, AC003663.1, AL162615.13, AL121886.22, AC005412.6, AL096840.25, AC007404.4, AL035704.9, AP001717.1, AC005098.2, AL356915.19, AC003029.2, AE000658.1, AC007739.2, AC010359.5, AC004867.5, AL022476.2, AC083884.6, AC005512.1, AC009079.4, AC004965.2, AC005932.1, AL031670.6, AC022217.5, AP002852.3, AC010605.4, AP001725.1, AC011489.6, AC008736.6, AC005519.3, AC009123.6, AL590762.1, AC004983.2, AL049776.3, AL138756.23, AC004166.12, AC008744.6, AC008474.7, AC005011.2, AC008812.7, AC011005.7, AL034420.16, AL137792.11, AC074121.16, AC016643.6, AL355392.7, AL121594.6, AC005089.2, AC020913.6, AL022721.1, AL449305.4, AL109827.8, AC006023.2, AC018720.5, AL035685.21, AL021155.1, AC010102.3, AC007731.14, AC079468.3, AL008730.1, AP001724.1, AC005666.1, AL391803.14, AC005736.1, AC020908.6, U91323.1, AL121845.20, AC005000.2, AC008745.6, AC008537.5, AL031005.1, AC026464.6, AL031727.42, AC011446.6, AC027644.9, AC008555.5, AC004821.3, AL031311.1, AF001548.1, AC009220.10, AC005280.3, AC016637.6, AP001716.1, AC011491.5, AC004491.1, AL022328.21, AC090947.1, AL135749.3, AC006141.2, AL354760.11, AL035659.22, AC027126.4, AC005102.1, AC020663.1, AL022323.7, AL050318.13, AL022322.1, AC008379.6, AC009155.3, AC011485.6, AC016644.7, AC008895.7, AC000353.27, AC005484.2, AC005274.1, AF053356.1, AL135927.14, AC007227.3, AC005500.2, AC008521.5, AC009144.5, AC007318.4, AC005288.1, AL161670.4, AC011461.4, AL133367.4, AC010320.9, AL022315.1, AC005800.1, AC002418.1, AC006101.3, AL391259.15, Z93023.1, AC006014.2, AC002350.1, AC009570.13, AD000092.1, AC007003.4, AC009131.6, AC018828.3, AC004929.2, AL138724.12, AL079342.17, Z99716.4, AC002425.1, AL121992.24, AL096791.12, AL049874.3, AL049759.10, AC005527.3, AC004883.2, AC018711.4, AL118520.26, AL121653.2, AC025593.5, AC006452.4, AL050335.32, AL139317.5, AL117348.25, AC006441.13, AL390252.9, AC019206.4, AC007151.2, AC010530.7, Y14768.1, AP000113.1, AP001709.1, Z93015.9, AC000003.1, Z84466.1, AC006329.5, AC004841.2, AC002312.1, AC018638.5, AC006345.4, AC002565.1, Z83844.5, AL451075.15, AC007374.6, AC005821.1, AL356481.16, AC004967.3,

					AC005071.2, AC009412.6, AL139113.21, AC011247.10, AP000505.1, AL121819.6, AL033529.25, AC008738.6, AC003070.1, AC018809.4, Z93017.6, AF317635.1, AF196779.1, AC074013.5, AF129756.1, AC009120.8, AC008547.5, AC009086.5, AL034429.1, AL158830.17, AL353777.18, AC008481.7, AP003439.2, AP001748.1, Z95116.1, AC005057.2, AE006639.1, AC009309.4, AL355312.24, AC004951.5, AC009137.6, AL020997.1, AL049569.13, AL158206.8, AC026765.22, AL133174.15, AL445686.14, AP002348.3, AL160165.17, AC016526.6, AC068533. 7.
HSYAV50	537	847358	1 - 2787	15 - 2801	BF313680, BE742185, BE383304, BE741869, BF526599, BE619099, AI341487, AI971709, AI623222, AW593800, AW959076, AI983635, AI952164, AW275114, AI800442, AA977038, AW513859, AW273202, AW337946, AW273147, AI801910, BE463718, AA250733, AW072844, AI453134, AI818468, AI086791, BF329916, AW166266, AW300481, AI561259, AW103087, BE048584, BE907359, AW470887, BF063936, AI207341, AW235230, AA448721, AW206033, AW175624, AW193322, AW193240, AI128968, AW264492, AA410939, AI682412, AA455784, BF525380, AI631778, AW771868, AI669677, BE619620, AI128695, AA448630, AA456607, AW239315, AW195959, AI825128, AA327876, AI168173, BF376618, N79049, AA349394, AI470892, BF194812, D79030, AA902669, AI569983, AI682120, AA385255, AI052433, AI948815, W24199, AI735600, W24193, AI214684, AA770139, AI672486, AA769789, N91773, BF944570, C02034, AI955870, AC005222. 1.
HSYAV66	538	686437	1 - 1393	15 - 1407	BF036117, AF126372. 1.
HSYAZ50	539	1027673	1 - 1083	15 - 1097	BF918029, BF918027, BF732372, AW028622, H58607, BF935019, AW471489, AV707971, AV709796, AF168681.1, AC007378. 4.
HSYAZ63	540	1177537	1 - 3452	15 - 3466	AV722966, BE388876, AV760983, AV762946, BF185935, AV762161, BF108823, AV759946, AV761323, BF064074, BF689470, BF001385, AI970338, AL046433, AI348109, BE349503, AI819289, AI090048, AW305162, AI857825, AA551911, AI963412, BF690404, N90883, AI652494, BG055077, AA311166, BE502539, AI200346, AA158746, AA502649, AW083258, BE551410, AV763075, W04340, AA150467, F29360, BF436259, AA040295, F21409, BF344822, R86673, AW206720, AI961780, W79500, AI831018, AA514281, AA609867, T67539, W79599, F25102, AA807108, AI351521, F36686, BE164504, AA056972, BF917215, F24355, W16820, AA513661, F30483, AI349360, AI805040, AA532766, AW590360, AI962009, AI817647, BE140360, AI720757, BG236085, T64334, AI400242, AI832241, R86847, BF741663, AI383420, N74174, T65686, N92928, AA584402, AW138172, AA297326, BE170117, AA359080, AL515041, AL515035, AL513867, AL515375, AL040243, AL513907, AL514303, AI540832, BE905408, AI433976, BG179993, BF883916, BG260037, AV681987, AW274192, BG257535, BG036520, BF793644, AL135661, BE048026, BF525438, AV657079, AI475371, BF037097, BG031815, BE964812, BG108147, AV715263, AL121270, AI702406, AI687728, AI863014, AL513911, AI439087, BE887488, BF340104, AV755678, BF812933, AL046849, BE048071, AV655645, AW071417, AI440239, BG036846, AL514627, BE876033, BG032208, AI224992, AI250293, AI497733, BE904178, BE877769, AL513553, BE047952, AI433157, BF968041, AL513597, AI064830, BE018334, AV757705, AV705644, AI802542, BE881061,

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HSYBG37	541	1056317	1 - 1224	15 - 1238	BE898532, BF034673, BF337228, BF528632, BE857436, BE732588, BF527968, BE888983, BG033426, AW372231, AA156935, BF915018, AV690944, AI140769, AW068552, AI818102, AI870885, AA135715, AA928421, AL047844, AI927908, AI762549, AL047845, AI797790, AI005050, AA917939, AW873600, AI453114, AI420740, AW466885, AI432328, AI138677, AW188156, AW873561, BF980675, AW058508, BF770293, AA628898, AI094804, AI056500, BF820729, AI375863, BE857274, AW959629, AA905637, AI382011, AI860596, AA877674, AA513392, AI459017, W73121, AI242677, AI309547, BF819613, H16241, T70036, AA642494, AI675842, T03552, AI689235, BF919604, AI274910, AV748307, C00014, AI678921, AA993626, AI201747, AA742201, BF351125, BF770277, AW082362, BF914643, T30150, AI014513, R93245, H83130, AI538135, AI244946, AI952326, N45499, BF344569, AI685761, H05737, F20400, BF914807, AI094715, AI810996, AA320821, BF222389, H20376, H20185, H83129, T10108, AA370998, H12111, T70103, BF919644, AI800313, R47434, AI557606, AA299558, BF983106, BF347892, N47608, BF590090, AI141309, BF915129, AW385116, AA885897, BF917925, BF917920, N89795, AI797519, AA652696, AI193489, AA894705, T10109, AW189222, BF350004, BE829911, AI224610, AI423668, AA872954, AI207820, R39978, AI989675, AI439989, AI640906, BE046990, AI206927, AA136304, AW614497, AI751243, AA128437, AW772433, AI640184, AW385115, BF326281, W39052, AA595730, BF088390, AA731862, BF338332, BF111399, BF770143, BE767158, AA983866, AF302786.1, AE006467.1, AL031709.12, AK024842. 1.
HSZAF47	542	1352172	1 - 1290	15 - 1304	AW298370, AI433823, AI239867, D62170, D61860, AF329839.1, AC007016. 5.
HT3SF53	543	884170	1 - 1912	15 - 1926	U69197, BE889880, AV707406, BG256172, BE379687, BE380123, BF691542, AV695897, BG259259, BF183831, BF984932, BE348298, BE813737, BF671812, BE837505, AL528978, BE966164, BF447947, BF540997, AA889669, AI983007, AA191622, BF131956, AI819766, AA427366, AI802592, BF217999, BG260695, BE042598, BF218184, AV700494, N31181, H16250, H11397, BF572925, AW952360, AA846829, AW874257, AI190464, AA157806, AI925182, BF952221, AI472734, BE888420, AA903609, AW169049, AW015713, AA033780, AA034036, AA609322, AI424168, BF219352, BE328721, AI333376, AW882963, AI362641, AW197207, AA910279, AI557117,

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HT5GJ57	544	1299921	1 - 1759	15 - 1773	BF975647, AW574516, BG259057, BE397179, BE396519, AW575080, BF795582, BF663664, AI521311, AW237047, AI446257, AI862389, BE559713, BF128855, AI573063, BF238156, AW296989, AU157608, AA811488, AA827120, AW338778, AI439638, AI250231, AI312540, AA633095, AV742373, AI343438, BE513368, AA604586, AI669176, AI149413, AW732709, AA723128, AW403042, BE269253, BE560794, AA722908, W57991, AI826124, BE246032, BG120258, AU138425, BE513265, AI865336, AI219708, AI589599, H23560, AA765412, AI589912, T61448, BE247378, BE560732, AW444827, AA594614, AA361096, AA648496, N34423, AV743440, W58075, N48728, AV742389, AA975334, AA731435, AA166766, AA810638, AW298682, AI919140, AI341517, BE245894, AI962720, BF062274, T30849, AW402333, AI982795, T25945, AA810222, AA807717, Z39117, AV756294, N48658, AW405561, AV724221, BG120887, AA593214, AW083122, AA639378, AI492348, H23535, AI656821, AF252613.1, BC009204.1, BC001609.1, AF252611.1, AF252614.1, AK002099.1, AF257135.1, AF252612.1, AF045555.1, BC006080.1, AC005081.3, AF086239. 1.
HTADW91	545	844835	1 - 1467	15 - 1481	AL524277, AL525820, BE382621, BE906048, BE313348, BF311240, BF125870, BE314074, BE262971, BE261842, AW957565, AA434527, AI679032, AA429042, BF530443, AI269591, BF568093, AI751352, BF087452, AI926385, AW957563, AA427824, BF829853, BF207056, AI307680, AW751395, R73343, AA358983, AA985603, BF206540, BG029042, AA378137, AW016282, AA904900, BE767196, BE049123, AI538331, AI498177, AW084403, AW085619, AA428054,

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HTADX17	546	753289	1 - 1133	15 - 1147	AA446344, AA612751, AA298785, AA298780, AA298784, AA446524, AA298781, AA381170.
HTAEE28	547	1018291	1 - 1327	15 - 1341	AW195720, AI765273, AI817356, AI928166, AI283845, BE503396, AW081502, BE349083, BF059350, AA419437, AA758800, AW206944, AA933673, AW104261, AI627565, AI264565, AW469909, AA845240, AA332515, AL021453. 1.
HTDAF28	548	396835	1 - 898	15 - 912	AI760170, AI150687, BF829200, AU158613, BF809865, AW273858, BE312404, BF316832, AU148518, BF314749, AU149720, BF315081, AI400198, AW062695, AI924082, BF314377, AW087415, BE047624, AI689214, AI684707, AA526748, BF315285, BE262228, AI566857, AI377786, AW167628, R65808, AA525309, R32753, AW663929, AI242434, BF206474, AI927229, R32754, AI956002, AI927230, AI701965, AU156607, BF349416, AW292033, AI368435, AA897436, BE314877, AI221593, AI612972, AI364630, BE185584, BF354201, AF352728.1, AF352729.1, AK022603. 1.
HTEAF65	549	866485	1 - 549	15 - 563	AA778552, AI201364, AI150012, AA876180, AI223025, AW663435, AW304049, AW663514, AA978197, AI223459, AA903410, AA382504, AA864517, AI352610, AF012359, AA868778, AW102794, AW058243, AL513723, AI921248, AL513907, AL514015, F36855, BF792781, AI978703, AI538885, AI811603, AW131994, AL514721, AV736808, AA190341, AL118781, AI863466, AI250852, BE966927, AW827206, AI890907, AI049669, AL514867, AI538850, AI677797, AL039783, AI345688, BE011880, AI241744, AI571699, AI571909, AI560099, AW078650, AI866624, AI950100, AI690946, BG121335, AI932503, AL514689, AL036509, BF971336, AI446248, AW083804, AI081740, AI623941, BE965121, BE964576, AV647670, AI860027, AL514493, AA514684, AI491904, BE252769, AA693355, AW081242, BE965230, AI334893, AL514359, AI925196, BG110241, AI453328, AL513951, AI961286, BE963777, AI364135, AA767211, BG113188, AI824444, BE139128, AA937566, AI280747, AA744531, BE785348, AW131065, AI866798, AI565062, AW827290, AI524654, AL048323, AI866461, AI934039, AI579979, AI799158, AL048340, AI287489, AV681618, AI858310, AI690813, BE962857, AI440238, AI312428, AV724929, AI538764, AI927233, AI831308, H89138, AA844225, BE880209, AA580663, AI678446, AL513553, F34800, AW083750, BF680133, AW130356, AI310575, AI340603, AI633061, AI335363, AI538247, BG168054, BF764538, AI373276,

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HTEBI28	550	462221	1 - 399	15 - 413	AW966413, AW444815, AI635348, AI146654, BF508527, AA789269, AI990377, BE502159, AA298815, T19416, AA834912, AA933749, AA934558, AA970840, AA298819, BF092040, AL121751. 12.
HTEDF80	551	587326	1 - 1292	15 - 1306	AA952940, AA719708, D45556, AA709370, AW628803, AI766729, AW966053, AW978634, Z21582, AW975618, AV718489, D80949, D80227, AV699447, T03269, AW966531, AW966534, D80269, D80253, C75259, D51799, AV722801, D58283, AV719557, AW959628, D80166, AV699550, AV718692, AV719822, AW978661, AV699927, D51423, D59619, AV720731, AW960553, D59859, D80210, D80240, AV719188, AW959570, D80212, AW973307, AV719324, D80188, D80195, D81030, D80391, AW975621, D51079, AV720211, D59889, D80219, AV720203, AV723927, D80196, AW966062, AW966054, D80366, AW949656, AW949642, AV718440, AV719783, AV720028, AW965177, AV718800, D59927, AV718844, AV720464, AV718770, AW966013, D80043, AV724520, AW965158, D80378, AW966041, D80193, D80038, AW959582, AV744011, AW949629, AV721386, AW949645, AW949631, AW949643, AW949657, C14429, AV719468, AW959202, AW949653, AW959597, AW966043, D57483, D80022, AW973447, AW949641, AW949633, AW949632, AW949618, AW966050, AV720812, F13647, D59275, D80241, AV700889, D59610, AV723097, AV718633, AW975605, AV720654, AW949646, AW949658, AV720791, AW949655, AW949654, AV742001, AV742667, AV701125, D80045, AV701335, AV701166, AV701043, AV701332, AV701017, AV701248, AV742048, AV701431, C14014, AW964488, D80134, AV701419, D59502, AV645389, AV742430, AV701154, AV699682, AW964737, AW959469, AV701443, AV745080, AV699669, AV701130, AV701149, AV645344, AV701422, AV719628, AV681510, AV681491, AV701415, AV701344, AW966560, AV701428, AW973470, AV681529, AV645343, AV721784, AV718674, AV701021, AW960474, AV681468, AV645383, AV645393, AV681528, AV681474, AV645339, AV681472, AV743601, AV681507, AV681465, AV681525, AV681495, AL390084.1, AF271371.1, X67155.2, D34614.1, D88547.1, AB033111. 1.
HTEDY42	552	1352193	1 - 740	15 - 754	AA393537, AI187279, AA889534, AW002667, AA421499, AW003587, AA421468, AA709184, AW772510, AA397830.

HTEFU65	553	543396	1 - 1014	15 - 1028	AW072387, R83559, AI924465, AI364031, AW513660, BF361111, AA705541, AL162032. 1.
HTEGA76	554	381995	1 - 436	15 - 450	BF059486, AW293425, AI190540, AI201137, AI026778, AI016787, AA604883, AW172655, AA393061, AA709172, AC002456. 1.
HTEGI42	555	908143	1 - 964	15 - 978	BF792295, AW118908, AW956740, AA805770, AA578718, AA805757, AA808355, AA805773, N29112, AI760754, AI005113, AI204164, N21153, AI004282, AW956741, AI001990, BE564602, AI538204, AI188040, AI301191, AA383104, AW182071, AI192033, BE168090, AA861920, N31710, AA887975, AA976455, BF812960, AI249323, AI564247, AI619607, AI961286, AI819976, AI567612, AI632033, AI554821, AI934036, AI538116, AI251434, BE964614, BF826445, AW105601, AI818980, AI926790, H89138, AI269862, AI288285, AW079075, AI280747, AW055252, AI621362, AV648430, AI590423, AW054931, AI538885, AI609556, AA455772, AI824764, AI670009, AI280637, AI277255, BE965432, AW168650, AI801523, AI955906, AI312428, AI916419, AI573038, AA527133, AI340603, AI801322, AI609409, AI871923, AI817543, AI680388, AI310575, AI591311, AI612885, AI340533, AV707062, AL134598, BE965121, AI582932, AI648663, AI801544, AW084869, BE895585, AI610362, AI784252, AW167776, AI569583, AI862144, BG258298, AI538218, AL039276, AW827285, BE965621, AI247193, AV738991, BF791806, AW148457, AI572787, AW022682, AI917253, AL121365, AI873644, AI969641, AI273142, AI281837, AI587143, AI571046, AW193000, AW081036, AI918655, AW167410, AW169039, AI589267, AI431408, AI913330, BF812961, BE048081, AI251221, AI653840, AW152459, BG255895, AI560099, BF812938, BF816042, AW131428, AV703695, BE910373, AI634224, AI452876, AW169653, AI497733, AI866798, AI917123, AI439443, AW198090, AI559752, AL036980, AI608667, AW945539, BG254754, AW834325, AI888953, AI654601, AW089350, AW084447, BF813196, AW193134, AL120853, AL134999, AI694157, AA420722, AI887308, AW020693, BE047833, AI334893, AI620015, AW827207, BG163618, AW169149, AW081449, AI866770, AL036631, AV682227, AI270055, AI285735, AI633125, BG256592, AI670849, BE964497, AI539808, AW192701, AW168718, AI340627, BF970652, AW150273, AI568855, AI887450, AI498067, AI625094, AI670002, BG121959, BG029829, AI890806, AI612721, AW081298, AI801325, AI446373, AI890223, BF884999, AL038605, BE965471, AL513687, BE963085, AI570884, AI923989, AI284517, BE972174, AI963193, AV714036, AI818977, AI269205, AW268253, AW301300, BE966505, AI349598, AV726784, BE966699, AI302910, BE879911, AW075207, AL036664, AA579232, AI554344, AI627360, AW087932, AV702147, AI345735, BE886728, AL136671.1, AC004006.1, BC004370.1, AK026542.1, AF090943.1, AL133031.1, BC002733.1, AK026741.1, AL136754.1, BC004119.1, AF261134.1, AF056191.1, U42766.1, AB047904.1, AK024538.1, AL137521.1, AF091084.1, X82434.1, AB060825.1, AL050149.1, AF061943.1, AK026593.1, AL049938.1, AK000432.1, AB056421.1, BC001045.1, AL136845.1, AK027096.1, AK025967.1, BC006180.1, AK027164.1, AK026526.1, AK026631.1, AB060229.1, AL136622.1, AB062942.1, BC008899.1, AK026959.1, AL512765.1, AL122050.1, AK024974.1, AL050155.1, AL162083.1, AL049452.1, AK027204.1, AL133557.1, BC003548.1, AB052200.1, AL389947.1, AF260566.1, AL110280.1, AK026408.1, AL122049.1, AK000083.1, AK027213.1,

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HTEHR24	556	835894	1 - 1061	15 - 1075	AI419884, AI809484, AA824354, AF203447.1, AL136096. 7.
HTEHU93	557	722254	1 - 724	15 - 738	AW665128, AA843468, AA918572, AA437250, AA759355, AW665453, AA436982, AF059244.1, AL109954. 15.
HTEIP36	558	520468	1 - 738	15 - 752	AI695417.
HTEIV80	559	584798	1 - 1734	15 - 1748	AI349829, AI598077, AW936372, BE785942, BF954789, AI345549, AI340720, BE063579, AI252097, AI242057, AI032071, AI251249, AI793142, AV744706, AW514333, AI703269, AV710534, AW301368, AI652516, C17730, AW888958, AW023124, AI336584, BF848969, AI685116, BF752041, AW075887, AI818151, AW974025, AI254827, AI822052, AI872435, AW301750, AI873822, AI921101, AA954995, AW268051, BE175422, AA446110, F16640, AI087951, AI191894, AI635355,

					BF931047, AA383566, AI377100, AA777615, C03348, AW268787, AW513247, AA587929, AA489231, AA832402, AW614777, AA402308, AW665144, AW795537, AW572610, AW956753, AW339583, AI868494, AW043812, BF513880, AI422008, BG006598, AV713025, AV648638, BF222519, BF957535, AI095021, AI803354, BF762181, AW838167, AI051341, BE891786, AW955404, AW088343, AA359513, BF594779, R81942, AI627336, AA771958, AA862135, AW853664, AI249995, AW867766, AW936566, AI570164, AI493146, AL036364, AL038713, AW264200, BF475948, AI824585, AU159276, N68060, AL046289, AA468571, AW102963, BE149642, AI245554, BF338824, AA406181, AA766076, AA826143, AI054162, AA804482, BE749129, AW016003, AL110348, AA584498, AI621138, AV690362, AA992185, AV691305, AI308534, AV695638, AV693309, AW157413, BF809037, AI369914, AV748735, BF576607, AI860800, F33837, AW516500, AV730830, AL162212.12, AC084239.1, AC018503.6, AC026189.4, AC006473.3, AC023480.6, AC018822.7, AC066587.4, AC005799.1, AC073387.4, AP001699.1, Z84470.1, AC004385.1, AC012558.8, AL450169.1, AC026341.17, AC007436.1, AC010739.3, AC002564.1, AL355916.2, AL356432.17, AL035594.7, AF279660.2, AL355520.8, AC016720.9, AC002429.1, AC007221.2, AL139115.5, AC007278.3, AP001671.1, AL357559.16, AL117191.6, AL355518.20, AC006500.4, AL109759.4, AC009247.12, AC016046.1, AL512283.12, AL157774.14, AL357041.11, AL139395.6, AC024095.13, AC006368.2, AC011745.4, AL035551.6, AF002997.2, AL160036.12, AL513011.7, AC005599.5, Z93403.1, AC020581.8, AF274856.2, AC009329.20, AC090042.1, AL357095.4, AL158196.24, AC002529.1, AL161901.18, AP000019.2, AL109620.4, AC004552.1, AL356916.17, AC009226.3, AL161912.15, AC011500.7, AB020869.1, AP002436.3, AC009961.11, AC016144.13, AC003084.1, AC004673.1, AC079175.24, U95743.1, AL022148.1, AL163206.2, AF207859.1, AC007514.5, AC025613.14, AL132670.18, AC060231.6, AC010450.6, AL353788.33, AC003677.1, M80340.1, AF196972.1, AL118523.18, AC007429.11, AL391986.12, AC005053.1, AL136987.11, L19088.1, AL031407.3, AL049831.2, AC023669.8, AL035688.8, U09115.1, U09116.1, AC004866.1, AC004757.1, AL389921.12, AC079178.20, AC073597.20, AC009478.4, AC009269.6, AL391595.14, AL161940.6, AL035633.18, AL158159.14, AC004200.1, AC002080.1, AF242452.1, AC073258.9, AF054599.1, AC016642.5, AC025770.5, Z93019.1, AL035464.20, AL121946.20, AC007037.4, AC018680.4, AC072063.5, AC002122.1, AL133474.9, AC006213.1, AF222686.1, AC020892.7, AP001713.1, AL161665.5, AC008277.4, AL031278.1, AC009289.8, AL031446.7, AC008250.23, AL159152.11, AL445466.9, AC012492.9, AC009479.4, AC025887.4, AL163642.4, AC006131.1, AL022144.1, AL138965.10, AC007611.5, AL499582.13, AC006840.17, AL136441.16, AC078851.4, AC004833.1, AC008174.2, AP001860.2, AL359332.2, AC002368.1, AL031117.1, AC010478.5, Z98950.1, AC005731.2, U51899.1, AC021017.4, AC034246.4, AC008935.8, AC009508.3, AL033538.1, AL050309.4, AL049741.7, Z98880.1, AL031681.16, L19092.1, AL022308. 1.
HTEJN13	560	135227 2	1 - 1080	15 - 1094	AV701671, AI357650, BF438669, AI768345, AW007363, BE044135, AA757064, AI338828, AA813593, AI422179, AI198874, AI090848, AV717855, AI090870, R68504, AA974687, AV705429,

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HTELM16	561	834058	1 - 517	15 - 531	AI651078, AW193716, AA833735, AI656090, AA939044, AI005061, BE550563, AA972135, AW173087, BE551605, AI807541, AW235353, AA769984, AI631437, BF755659, BF755660, AA910026, AI954833, AA442458, AW236934, BF478195, AW291899, AA807414, AW003815, AA436650, AI001919, W26260, AW070283, AW302924, AI344928, AI344933, BF968779, AI335449, AL031650.22, AL121751. 12.
HTEPG70	562	834931	1 - 799	15 - 813	AW001355, AA426091, AW182920, AI698237, AA844647, AW592578, AA436649, AA936263, AW072458, AA678521, AA442457, AC005789.1, AC005625. 1.
HTGAU75	563	597467	1 - 1699	15 - 1713	AI445595, AI453185, AV761152, D31303, AV735609, AJ224878.1, AJ240085.1, AJ240084. 1.
HTGEP89	564	410582	1 - 689	15 - 703	AV762334, AI300541, BG109719, AW663660, AA988368, AA927889, AA417006, AI206569, AA417219, AI005145, AI810124, AA723941, AA620800, AA917882, AA912169, BE927871, AA732367.
HTHBG43	565	919911	1 - 834	15 - 848	AA830144, AW196413, AW662711, AA346392, F01235, Z28908, AA704393, AV754716, AA602906, AI061313, BF804385, AA284247, AI609972, AW265614, AA491955, AW872574, AA715814, AW855528, AA552586, AW188742, AA622801, AA720774, AA502532, AA169245, AW238253, AI611533, BF870792, AI612070, AI301475, BF920612, AA528503, BE906142, AA558404, AA530958, AP003357.2, AP000555.1, AL049838.3, AC020906.6, AC003043.1, AL138878.10, AL031727.42, AC074338.1, AL355792.8, AF031078.1, AL022396.1, AL354932.26, AF030876.1, AL049637.43, AC005736.1, AP000116.1, AL133448.4, AL358777.12, AF243527.1, AP001712.1, AC016968.24, AC008736.6, AC073345.10, AC010271.6, AC007546.5, AC007687.16, AL035555.10, AL031678.2, AC010205.5, AC005940.3, AC002996.1, AC002565.1, AL162587.20, AL031228.1, AL109935.39, AL009181.1, AF168787.1, AP001331.1, AL031728.12, AC010150.3, AL157372.18, AC007731.14, AL049653.7, AC004821.3, AC005500.2, AL138759.20, AC009077.7, AC011527.4, AL022320.23, AL034405.16, AC018755.3, AC004611.1, AC021849.5, AL138837.12, AC007011.1, AC002300.1, AC007917.15, AL390209.1, AB038653.1, AL035462.21, AL391834.8, AL121928.13, AC006057.5, AC002432.1, AC009756.9, AC005098.2, AC009721.9, AL109947.19, AC010311.8, AC024563.4, AP001717.1, AL138752.5, AL009172.1, AC000035.2, AC002549.1, AL359494.17, AL008726.3, AL354766.17, AL353807.18, AL138743.5, Z84466.1, AL162424.20, AC073326.6, AP001748.1, AL118501.22, AC010768.9, AC005790.1, AC004222.1, AL035685.21, AC008946.6, AC009570.13, AL121972.17, AC004903.2, AC027130.5, AL049869.6, AC005215.1, AJ009613.4, AC009408.3, AC024561.4, AC005071.2, AL162426.20, AC003104.1, U80017.1, AL117382.28, AL132716.6, AC006581.16, AL122020.5, AC066597.4, AL031447.4, AC011445.6, AP001726.1, AL163279.2, AP001715.1, AC018828.3, AC005067.2, AC005288.1, AL137853.12, AC022383.3, AC010618.7, AL136295.3, AL133453.3, AL591398.2, AF067844.1, AC004032.7, AL034423.21, AC005971.5, AL353692.14, AL136170.12, AC006014.2, AC013467.8, AL117336.22, AC044797.5, AL158817.11, AC020552.4, Z83840.7, AL137077.31, AL031658.11, AC083863.2, AC007055.3,

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HTHCA18	566	908144	1 - 1804	15 - 1818	AL137141.10.
HTHDJ94	567	693652	1 - 1618	15 - 1632	AI290720, BG254585, BG251513, BG110633, BF526061, BE792285, AV704068, BF339939, BF338838, BG030014, BE615467, BF980189, BF308716, BE784543, AL533775, BF791036, BE880218, BF038786, AW955868, BG121135, AI741602, BE895986, BE264712, BE299196, AW886849, BF089485, BF089484, BE297034, BE311846, BF089488, BE270310, AL513740, BF671575, BE266974, BE299140, BF238947, D79185, BE294911, AW024422, AA401528, BE296524, AA417131, BF693821, AI333681, BF979464, W47348, AA280813, AW952740, AA905310, AA569922, AA573334, BE834263, AA902128, AW027880, AA570689, AI312759, AA976250, BE843385, AI092605, AA558902, AA151226, AI041784, AW262597, AA280806, N36166, W32108, AA151227, AA406299, AI090180, AA781961, AA115004, AI623995, AW239455, AI027447, AA065116, AI377228, N59607, AA451762, AI804317, AA724950, AA449952, AA450034, AA115005, AI186329, H10448, AA482977, AI242335, AW750196, AA453022, BF351185, BF091398, AI032607, AI804465, AA640751, BF307134, C16610, AI149260, AA987598, AA781332, BF725960, AI804069, AA973798, AA452663, AA127134, AA872873, H82385, T86790, T82258, H10449, AV708991, BE122892, BG010794, F30722, BF955515, BE843374, BF742632, BF845452, T78950, W32213, AI424359, AA338139, BF515881, AA296988, T78898, AI285049, BE896826, AI278719, AA451764, W47452, AA541483, F06459, Z28571, BF091416, Z39388, AA297494, T86695, AI318411, F01234, AA808781, AA297421, AI991656, BF091818, BF091384, BE934690, AA661544, D31389, AA280856, AA280942, BF853987, AA064799, Z24822, BF826594, AA031579, AA298704, BF826595, AI670708, AW238447, AA494107, BE843391, AA296942, AA031458, AA297411, AA297354, AW748868, AA099261, AA098866, T83540, AA297420, AI675090, AA194682, BF091419, BE937871, AL533776, AA297201, D20890, BE937861, AI908416, AA897425, AA368017, AA530981, BF755678, BE140557, BE871498, AW881778, AA411374, H70649, AA449811, F24096, AF125533.1, AF169481.1, AF091084.1, AK027319. 1.
HTHDS25	568	772559	1 - 1047	15 - 1061	AI801504, AA385855, AA812703, AA349881, AI254831, AW293292, AI963714, BF674168,

					AW967329, BE241437, T08386, AI521458, BF855114, AL357075.17, AL031668.23, AL358976.11, AP000067.1, AC004089.25, AL357519.19, AC005015.2, AL034417.14, AC004491.1, AC004962.1, AL133353.6, AC004634.1, AC022027.5, AC060231.6, AC004084.1, AB043547.1, AP000304.1, AL139390.15, AP000047.1, AL080243.21, AC004841.2, AL035685.21, AP000115.1, AC008957.7, AL035684.25, AP001717.1, AC015982.9, AC020916.7, AL139230.25, AL096773.6, AL137073.13, Z85996.1, AC010386.5, AC005098.2, AC003010.1, AC004166.12, AC005488.2, AC012170.6, AC005972.1, AC008507.8, AC008569.6, AL049198.2, AL133354.14, AL357507.9, AC008771.4, AB014077.1, AC011479.6, AC079171.21, AC004156.1, AL157823.9, AL356464.15, AL138976.5, AC002126.1, AL133507.8, AL024498.12, AC008766.4, AC020904.6, AL035073.7, U91323.1, AC005103.3, AL078633.32, AF047825. 1.
HTJMA95	569	706618	1 - 1636	15 - 1650	AI608603, BE140256, AW872982, BF832764, AW352295, AI767967, AW085774, AW238519, AA863266, AW606064, AW117932, AI310728, BF105292, BF350121, BF825661, AW772195, AA865790, BE889218, AA864183, BF354847, BF832729, BF832728, BF354850, BF350182, BF354844, AI141812, BF354848, AI355569, AA595971, BF354846, BE350405, BF825662, BF353627, AW080463, BF353788, U75833, BF736474, BE141732, BE141331, AF193809.1, AF081497.1, AF284446.1, AF185277.1, AF219986.1, AF219985.1, AF219984.1, AF219983. 1.
HTJML75	570	1040047	1 - 2748	15 - 2762	AL521803, AL521804, AL535427, BE397366, BE562398, BF974996, BE561712, BE744093, BE397614, BE271237, BE562082, BE397567, BE275147, BE734376, BE409602, BE514409, BE561529, BE561508, AL535426, BE513947, BE269836, BE397322, BF025695, BE730298, BE397518, AW024974, AW303401, BE270550, BE277764, BE304392, BE747750, AW954868, AW954834, BE397865, BG104371, BF125819, BF892698, BE207701, BE296686, BE397490, BE271132, BE207727, AI274799, AW074233, AI679074, BE391918, AW732734, BE562087, AI499422, AI827575, AI928361, AA160606, BE267895, BF002414, AA315776, BE547421, BE644853, AV696893, AV684921, AW450819, BE268902, AI016059, AW249651, BF155203, BF437505, AL527262, AW079518, AI365272, AI338083, AA729126, AA831884, AI440443, AI283488, AI925468, BF237940, AI274761, AI983318, AW300875, R42025, AL527263, AA313959, BE268253, AI240111, R20845, R37892, BF970572, BF813074, AI187826, R33244, R64261, R33245, AA862592, AA984343, AW087285, AI984649, AA580394, BF902892, BF810667, AI795901, AI223980, H29720, R25583, AA283458, BF983060, AA928568, AW843336, AL513839, AL515041, BE894530, AL134259, BE048071, AI690835, AI920968, BG120816, AI952114, BG032704, BE904051, BG164371, BE048179, BF726198, AV696257, BG180034, AI491852, BG180996, BF882334, AI499463, AW301410, BE966388, AL135661, BF726504, AL045903, BG260037, AI539153, BG112879, AI349933, BF680131, BG058398, AW274192, AW148320, AW074993, AL036361, AV702623, BF970990, AI312152, AI873731, AW150578, AI345735, AV757943, AI868831, AW302992, AW238730, BG168696, BE966775, AI307708, AI608667, AV681731, BF924882, BG109270, BF812933, AW071417, AL513985, BE964876, BE964636, AL036146, BG249582, AL120854, BF794994, AL043326, BE047852, BF792469, AL036403, AI686926, AI521012, BF342070, BG114104,

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HTLAA40	571	519329	1 - 942	15 - 956	AW970655, AL037327, T63134, AA523995, AA437219, AI809780, AI313360, AA442282, AA868090, AA024526, AU156297, AI222715, AA024525, BF092179, BF092219, AA405033, AA412681, AK001866. 1.
HTLBE23	572	902187	1 - 1202	15 - 1216	BE387950, BE391867, BF373101, AI024399, BE728010.
HTLEP53	573	634852	1 - 804	15 - 818	BF876683, AI755202, AI066646, AW613805, AA084609, AW769151, BE169870, AA601674, AI561210, BF926568, AW265614, BF826830, AI613389, AL042667, AL042670, AW130427, BF868994, AW471092, AV760019, AW576485, AI281818, AA225956, N64587, AU157209, BF941382, AI340151, AI859834, AW328202, AV754716, AW501278, BG222269, AI955029, AL134440, AI799569, BG250286, AW518030, AW576437, BF725884, BE396138, AW974363, T05118, AA524616, AI732682, AW268329, AI192440, AA669741, AW166920, D58782, AI653493, AW238341, BE301068, AI955718, BF923179, BF526964, AW438850, AW438662, U95742.1, AC019205.4, AC027125.4, AL356299.16, AC007216.2, AC008649.6, AC005484.2, AC005098.2, AC005740.1, AB020868.1, AC008569.6, AL359091.10, AL136527.9, AC005527.3, AC005000.2, AC005529.7, AL121809.6, AC090883.1, AC006312.8, AC004166.12, AF250325.1, AL008726.3, AL139396.17, AC010913.9, Z85987.13, AL590762.1, AL121658.2, AJ246003.1, AP001781.4, AP001694.1, AC004867.5, AL133312.3, AL513550.9, AC008507.8, AL022476.2, AC005520.2, AC068533.7, AL160163.24, AC011485.6, AF111167.2, AC002544.1, AC004702.1, AL158141.14, AC005071.2, AC007191.1, AC005229.1, AL357515.26, AC010412.7, AL161670.4, AF196972.1, AL135927.14, AC007227.3, AC083884.6, AC004089.25, AL445483.13, AF165926.2, AC009060.7, AL359235.3, AC002350.1, AC005952.1, AC007052.4, AC020558.4, AL035071.17, AP000510.2, AC007731.14, AL121586.31, AL354815.10, AC005500.2, AC006014.2, AC005015.2, AL161893.24, AC005726.1, AC004985.2, AL161725.13, AC002390.1, AL450265.11, AL353135.32, AL160231.4, AC026672.44, AC004466.1, AC060231.6, AL360227.17, AL117382.28, AL021397.1, AC083863.2, AC011487.5, AL158824.11, AC018638.5, AL031283.26, AL121761.5, AC004242.1, AL020993.1, AL512641.9, AL121936.17, AC005280.3, AL035587.5, AC020916.7, AC067941.7, AC009812.17, AC012476.8, AL136228.8, AP001728.1, AL354808.24, AL049561.16, AL352984.4, AP000046.1, AC010378.6, AC000381.1, AC006480.3, AC006023.2, AL050308.9, AC005531.1, AL049776.3, AP000114.1, AC008551.5, AL031680.20, AL391827.18, AP001360.4, AL354707.17, AF111168.2, AL031683.2, U89337.1, AC010605.4, AL035367.5, AC002546.1, AL138724.12, AL033521.2,

					AC020906.6, AC078846.2, AC006452.4, AC007003.4, AC009244.24, AL049547.10, AL163279.2, AF064861.1, AC000025.2, AC027319.5, AL391280.15, AC008083.23, AC004253.1, AC008598.5, Y10196.1, AL049766.14, AL512666.6, AL138784.30, AC008891.7, AC004840.3, AC083873.3, AC005377.2, AC000360.35, AL049637.43, AL512378.7, AC008753.8, AC005488.2, AF001548.1, AC010422.7, AC009179.17, AC008623.4, AC004876.2, AP001717.1, AP001709.1, AC011465.4, AP000901.5, AL160471.5, AC006329.5, AL034405.16, AC008521.5, L44140.1, AC008481.7, U15177.1, AL162578.13, AC006449.19, Z97876.1, AC016830.5, AC008946.6, AL137792.11, AL109743.4, Z83844.5, AL049631.7, AC025275.4, AC091736.1, AP002453.3, AC006512.12, AC004491.1, AL356095.11, AC005291.1, AL136297.3, AC003982.1, AL022318.2, AC009086.5, AC005736.1, AC004824.3, Z84466.1, AP001670.1, AL157823.9, AC018904.6, AC002425.1, AF312032.1, AL109806.22, AL035413.19, AC006027.1, Z84469.1, AL513366.11, AC011737.10, AF196779.1, AC026756.15, AC008745.6, AC090527.3, AC006038.2, AC005318.1, AL391137.11, AC010543.8, AC005081.3, AC005522.2, AC005231.2, AC013726.7, AL109804.41, AC005399.19, AC004832.3, AC022148.5, AF134726.1, AC022007.3, AP002851.2, AL136084.11, AL031295.1, AP001748.1, AL121834.20, AC007686.5, AL049872.3, AL049569.13, AC016993.4, AC004805.1, AL133551.13, AL136966.27, AC004167.1, AP000237.1, AL117186.3, AL161747.5, AC005288.1, X54156.1, U94788.1, Z99127.1, AC016691.10, AC016025.12, AC010526.7, AC004890. 2.
HTLFE42	574	460583	1 - 698	15 - 712	BF059319, AI650872, AI341317, BE466535, AI650461, AI654221, BE552027, AI968418, AW002998, AW589844, AW593389, BF056905, AW274932, AW071622, AI979302, AI656601, AW138584, AI968442, AI968447, AW589880, AW003907, AA872876, AA922983, AI202932, AI627402, AW025629, AI655703, AW294061, AA398061, AI797621, AA833619, AI341052, AA992699, AP001579.1, AL163301.2, AL133499. 2.
HTLFE57	575	1352310	1 - 2234	15 - 2248	BE618638, BE740875, BF688973, BF967557, BF967636, AW954531, BE742276, BF344608, BF966747, BF688501, BE314602, AV689075, BE881450, AV692451, AA402818, BE798735, BE392990, BF920872, BF439279, BG027910, AV698578, BF448645, BE250966, AA402161, AV686818, AI093167, AI150344, AI885410, U55991, AI160520, BE387679, AI523831, AI884689, AA018419, AA056110, AI080305, BG005830, BE394913, AI050824, AI141148, AW024987, AI870771, AW576097, N31844, AI809311, BF526976, AW771597, AI493689, AI339583, BG056680, AI200955, AI356543, AA419249, BF969738, AA306397, W72743, AA454906, AA041404, BE395222, AI143075, W58112, AI149739, AA436620, AA400067, BG056220, AA393477, AA861445, AW028724, AA573258, AI809303, BE671746, BE552382, AA259063, BE908638, AI220513, AA058572, W77922, AI087206, AA652366, D80807, W58172, AI074184, AI339724, AA132154, W31498, N72499, AI572664, AI933312, AI914114, AI219592, BE255290, AA649907, AA210767, AW970375, AW970296, AA970516, AW970376, AA594872, AI094655, AA733140, AA470469, AA631598, N23943, BG025452, AA041503, D80744, AA579798, BF967827, AW071229, T61071, AA534640, AA918880, AW016176, AA324492, AA657952, AV698775, AI244822, AV692171, H19641, AV691057, BF949226, D80745, AI032420, AV716910, AA534821, AA994420, AA725667,

					H41099, H20475, AA336112, AV690336, AV686938, AV690324, AI621277, AI380715, T19169, AI365036, AI079603, AA259064, BF222015, AA954727, AA324170, AV683588, AV683813, N80749, AV684716, W04578, AA324169, T34444, AI073475, AA626841, AW406751, AV686781, AW970290, T34432, AA507208, AA349561, H20476, AA211889, AA383421, AI372711, AI817408, AA948293, AA812861, AA320028, R64311, AA863481, BF967414, AI763093, AW262487, BF967482, T85783, AA400850, AA454831, BG036741, AI138838, BF196321, BF940724, AA018438, R51375, BF945161, AA779645, BF514380, AA401573, AI372712, AI372710, T61174, T65029, T08467, BE618092, N91047, AK026031. 1.
HTLGE31	576	1035130	1 - 520	15 - 534	AA714179, AW051497, AI971919, AI094911, AW055123, AA293722, AI094408, AA631985, AL445222.9, Y17801.1, AJ245937. 1.
HTLHY14	577	838460	1 - 1018	15 - 1032	AW182303, BF530991, AA885453, AA913620, AI024359, AI218809, AA436925, AA904573, AA729136, AA448181, AA431731, AI768931, AI138595, AA868685, AV721013, AI191602, AA970192, AI004977, H19402, AA496009, T19190, AI024060, AI015490, AA860370, AW081876, T05239, AA810634, AA609572, AA824562, AA789135, AA904853, AC005328.1, AC005545. 1.
HTLIT32	578	833906	1 - 1060	15 - 1074	AA430173, AA813342, AI688054, AI656828, AA431616, AI014589, AA446480, AI335754, AA759304, AW340541, AA912641, AA923430, AA431328, AA725624, AC020956.6, AC010616. 5.
HTLIV19	579	1046341	1 - 964	15 - 978	H73550, AA715075, AA425924, AI792525, AA303049, AA715173, BF895531, AW086361, AV733366, AI348722, BE168680, BF880342, BF725844, BE464794, AI862231, AL033519.42, AL138706.9, Z82244.1, AC004000.1, L78810.1, AP002453.3, AL117382.28, AC004491.1, AC005399.19, AL354798.13, AC004867.5, AL022326.1, AC006160.9, AC004805.1, AC018801.4, AC022007.3, AL133444.4, AL356481.16, AL121751.12, AC008687.4, AC002369.1, AL353668.18, AC011495.6, AF279660.2, AL132640.4, AC004263.1, AC009077.7, AC005105.2, AL450169.1, AC025262.27, AC007425.16, AL050349.27, AC004887.2, AL022396.1, AC040160.4, AC018642.6, AP002340.3, AC074331.1, AE006462.1, AC002073.1, AC003070.1, AL031767.13, AL133153.3, AC007263.4, AC004882.2, AL050341.18, AC005921.3, AC007619.22, Z98200.8, AB003151.1, AC008050.6, Z92542.2, AC010305.3, AL157789.6, AC002300.1, AL020997.1, Z97989.1, AL023281.1, AL021707.2, AC079602.15, AC007225.2, AF243527.1, AC008267.6, AC007279.4, Z83840.7, AP001694.1, AL096764.11, AL031602.14, AC008895.7, AL391280.15, AC007073.2, AC005225.2, AL109614.28, AC008403.6, AL354808.24, AL138752.5, AL162430.15, AC008569.6, AL450104.14, AC007005.3, AL355392.7, AL133548.6, AL121997.7, AL034380.26, AL117352.12, AC009267.15, U91321.1, AL391827.18, AC022383.3, AC025438.5, AC091118.2, AC074013.5, AC002299.1, AL354797.16, U91326.1, AL034420.16, AC012384.16, AC022212.4, AL096840.25, AC005200.1, AC011489.6, AC008009.4, AL139317. 5.
HTNBO91	580	519313	1 - 286	15 - 300	AW194713, AI911340, AA601540, AI434870, AI810614, AA975093, AI026153, AW594027, BE502581, AW151600, AW196248, AW627679, AI669568, AA976768, BF437810, BF439076, AA975123, AI749464, AW966620, Z19502, AW196675, BE465426, BG120409, AA385366, BE221802, BE697980, N55869, AW631460, AK000497.1, AL136231.12, AB050415.1, AK000646. 1.

HTOAK16	581	560744	1 - 1452	15 - 1466	AU145310, AW274654, BF838423, AW139789, AW205436, AA017033, AU118838, T87405, AI143925, AI174470, T87300, AA019253, AK021714. 1.
HTODK73	582	526021	1 - 1005	15 - 1019	AI347130, AW027513, AW954660, AI660559, BF063427, BG230588, AI340321, AU155474, AI214222, AW006987, AI803717, AW301687, BE221184, AW016409, AA018238, AA019155, AI336534, AA015924, AI283525, AA921711, AA307210, AI090373, AA878131, AI269256, BF761125, AA017114, AI857978, BF229860, BG030487, AI368031, H84864, R84448, AW403382, AI367923, AW900223, AI284356, AI080385, AI350788, F29712, BE251142, AL536301, AA987803, BF761104, BF808782, AA017329, AA018635, BF593228, AA534529, BF851700, AL536302, W21988, BE910304, AA280994, AB031051.1, AL357033.19, AF205072.1, AK000551.1, AF104334.1, AK023410.1, AF187817. 1.
HTODO72	583	532001	1 - 959	15 - 973	AI401101, AI801654, AC005628. 4.
HTOGR42	584	838160	1 - 1416	15 - 1430	AA573067, H30513, AI266619, R20206, AW084004, AI064724, AW851828, BF031134, AA773890, AA507343, AL031295.1, AL355343.18, AC005031.1, AL354932.26, AC044797.5, AL356019.5, AC011994.10, AL034420.16, U80460.1, AL031281.6, AC022392.4, AC073657.5, Z99716.4, AF196779.1, AC009144.5, L44140.1, AC008440.8, AL049776.3, AL031847.17, AC010378.6, AL136418.4, AL139054.1, AC004797.1, AL353777.18, AL117382.28, AC005231.2, AC008521.5, AC002425.1, AC011446.6, AB023048.1, AL139113.21, AL355480.22, Z97196.1, AC008753.8, AL031685.18, AL160271.19, AL109952.15, AC004999.1, AC021012.5, AL355093.3, AL512883.5, AC007055.3, AF001550.1, Z95115.1, AC008745.6, AL021579.1, AL136304.10, AL121886.22, AC009086.5, AC003109.1, AC004953.1, AC005052.2, AL137229.4, AC005379.1, AC068724.7, AL135744.4, AL121890.34, AL589723.7, AC012170.6, AC005288.1, AC006538.1, D86995.1, AP000098.1, AC003007.1, AC009412.6, AL357497.17, Z83844.5, AL356575.8, AL031680.20, AL354735.14, AC007216.2, AL445071.14, AL136123.19, AP001710.1, AC008372.6, AP000901.5, AC025540.7, AF129756.1, AL355336.15, AP001717.1, AC008149.14, AC010279.4, AC008018.20, AC011487.5, AC003041.1, AL159997.14, AL080243.21, AF001549.1, AL135839.15, AC078962.30, AC008733.7, AP000504.1, AL132713.11, AL365505.15, AC005632.2, U62317. 2.
HTOHM15	585	1028538	1 - 1935	15 - 1949	AL118824, AA573022, AI754263, BE675104, AW272936, AI339372, BE349264, AA767823, AI379332, AI568638, BG057649, BE857312, AI870434, AI424042, AI203588, AI338543, AW080903, AI350585, AI827956, AI874102, AI304572, AW675567, AW029133, AA456303, AI885625, AA993567, AI028262, BF975457, AA808518, AW275811, AI086981, AA046802, BF478308, AV744983, AI869215, AA641617, AU157068, AI924628, BF594893, AW571905, AI146641, AI863164, AI214585, AI261778, AI492622, AW089250, BE207445, AA937376, AA830286, AA836878, W80372, AI023344, BE220743, AA418367, AI091921, AI885685, AA161459, AW134967, AA605225, AA725880, AW275980, AW248464, AA774650, AI991146, F09607, AA707150, AA593400, W17197, AA721238, AW073192, AA621167, AA908648, AI814647, R08844, AA290839, BE706675, AA100200, AA004650, AA285017, T65581, AA733113, AA405078, H19750, H53457, AA765557, AW383354, AI923502, AW615521, N95096, H50501, H24958, BF924331, H52806,

					BF771262, H02315, N92953, BE695264, N73135, BE695255, BE243599, N89778, BE695242, AI420513, AV710714, BF311141, AW672892, BE244250, BE410858, BE390798, BE265269, BE018715, BE730637, BE392884, BE407259, BE408722, BE409678, BE796728, BE797085, BE279939, BG252804, AI990442, BE798385, BE877836, BG028222, W17255, H51332, AA101042, BE791799, BE259147, AA210904, AU129585, AA069873, H20075, BF025701, BE736857, BE890068, AA507302, H00417, BE799942, H19749, BE880605, BF676698, H46372, AI878952, AV709698, AI937600, BG026073, BE170116, AV749909, BE181361, W23659, BE181405, AA640620, T65652, AV727226, AA100199, H52769, AA046819, AA161408, AI743197, AI760050, BF663082, AL109658.5, AB049861.1, BC002801.1, AF283774.2, AK001511.1, AF112211.1, AK023585. 1.
HTOHT18	586	628300	1 - 1485	15 - 1499	AC004928.2.
HTOIY21	587	665745	1 - 1544	15 - 1558	
HTOIZ02	588	826312	1 - 535	15 - 549	
HTOJA73	589	797108	1 - 1280	15 - 1294	AI963720, AI284640, BF668217, AV728425, AL046409, AI334443, AF330238, AV725423, AV762395, AA610491, AV760777, AV761106, AW265385, AV762098, AI270117, BF241967, AV761362, AV710066, AW979060, AW500125, AF074677, AI431303, AL138265, AV763670, AV762064, BF725504, AI305766, AV729881, AW303196, BF697673, BF337291, AV757607, AW193265, BG249643, AV740801, AW301350, AV761843, AV762505, AV763449, AV761489, AL138455, AW419262, BE049095, AV763971, AW472872, AA581903, AL119691, AI307608, BG059568, AW274349, AA490183, AW965008, AL037683, AI357901, BG109996, AL041690, AA720702, AW963497, AL046205, AI613280, AV759204, AV760486, BF683672, AA665330, BF677892, AL044940, BF680074, AW502975, BG059450, AV762092, AW974109, BF827410, BF541120, AI350211, AW833862, AV764307, AV760466, AV764329, BE139146, BG104686, AA682912, AV763540, AV735370, AI345654, AV756693, AV762111, AW327868, AV760937, AV763354, BE672637, AI754336, AI281881, AI457397, AV733830, BF970654, AV703682, AI345681, AV760042, AI890348, BE276880, AV738303, BF679304, BE049139, AV759172, AI355206, AV762959, AV762645, AI610920, AA587604, AA680243, AA491814, AL042853, AI801482, AU147104, AW073470, AA877817, AV763633, AV702857, AW410400, AI345675, AV763255, AV760057, AW088846, AA521399, BG222267, AV762397, AW953071, AV759362, AW238278, AW858127, H71429, AV759274, AW513362, AI860020, AV760395, AW662543, AV761786, AW408717, AF063563, BF680041, AW028429, BF915722, AV764578, AV764530, AW960468, AV762535, BF915247, BF030810, BF991286, AV764241, AL045053, AI754658, AV732891, AW503666, AA521323, BF965406, BF475381, AW501386, AW072923, BF915628, BF965007, AV725431, F36273, AI133102, AL042420, AW872676, AW996768, AV758600, AI064864, AW956640, BF691714, AV763847, AA468022, AW406755, AW975987, AI345157, AV762009, AI732120, AW513015, AW576503, BF793766, AA857486, AA569471, BG036665, AI133164, AA126450, BE350475, AV691147, AW974932, AI061334, AV759518, AI754253, AW020340, AV728928, AI538852, BF681576, AI623720, AI289067, AA613203, AI307201, BG179731, BE439761,

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HTOJK60	590	545067	1 - 890	15 - 904	AL079734, AI613389, AA129746, AI267356, AW970571, BE048991, AI267450, BF902572, AI133083, AI085242, H07953, AI253376, BG029528, AL038606, BF876179, AI207728, BF868994, AI049709, AA832016, BG222875, AA720774, AW089016, AW995665, BE084668, AA565911, BF821897, BG015615, BF529925, BE256101, AI357823, N30205, AI249447, AI537800, AA632839, AI440117, T74524, BE244243, AA501867, BE000614, BE154781, AA502207, AA084609, AA599080, AI679759, AV760019, AA191659, AA515351, BF678165, AW069412, AI284092, AW265359, AI056177, BE387304, AV757069, BF131490, BE049021, AW970987, AW276678, AW303098, AA584756, AW021627, AI628859, BE893315, AI251034, AA912287, BE501593, BE139139, AU117926, AC084864.2, AC078846.2, AC004815.2, U51560.1, AJ400877.1, AL445490.6, AC024082.6, AC007078.3, Z80896.2, AC012170.6, AJ009612.5, AC005940.3, AL357497.17, AC022415.5, AC008736.6, AL023879.1, AC004520.1, AL009031.1, AP003352.2, Z95116.1, AL356095.11, AL135927.14, AC007227.3, AC068533.7, AC005071.2, AP001710.1, AC003007.1, AL035420.15, AL353807.18, AC018695.6, AF168787.1, AL359494.17, AC012384.16, AC009311.3, AL117336.22, AC005736.1, AC008784.6, AB003151.1, AL024498.12, AC005519.3, AP000553.1, AL135928.6, AC011472.7, AL133373.5, AP000359.1, AC022201.4, AC004000.1, AF036405.1, AC019206.4, AC008403.6, AC008626.5, AB000882.1, AC005341.12, AC002430.1, U67810.1, AC004867.5, AL109804.41, AC007384.3, AC090939.1, U89335.1, AL049713.20, AL020997.1, AL049776.3, AC008962.8, AL022238.1, AC007216.2, AC006329.5, AC027129.5, AC083871.2, AC005907.1, AC004166.12, U95742.1, AL138725.19, AC002326.1, AL132777.4, AC055740.17, AL356915.19, AC011446.6, AC008397.7, AL365364.19, AC009412.6, AC001227.1, AP001748.1, AC011452.6, Z83844.5, AC002476.1, AC011475.6, AC003101.1, AL136295.3, AL157912.5, AC011464.5, AC011450.4, AL138889.9, AL022476.2, AL138965.10, AC004878.2, AL356785.18, U62631.1, AL035587.5, AL354932.26, AC024085.5, AP001714.1, AC006312.8, AC009145.4, X55926.1, AC020917.4, AC002544.1, AL139099.2, AC005500.2, AC073136.6, AC002543.1, AL121943.22, Z93015.9, AL138822.13, AC004990.1, AL354928.9, AL121901.20, AC004702.1, AL121601.13, AC011491.5, AP001412.2, AL049869.6, AL159191.4, L44140.1, AC017082.4, AL035407.15, AF001549.1, AC004821.3, AC004814.2, AC018506.4, AC009131.6, Z82244.1, AC022083.6, AL162584.9, AC006333.3, AC005005.1, AL355480.22, AL161626.20, AC006367.3, AC011455.6, AL096701.14, AL049653.7, AC005874.3, AF134471.1, AC001231.2, AL021154.1, U91326.1, AP000688.1, AP000692.1, AC009996.7, AL117258.4, AP000687.2, AC005332.1, AP001666.1, AP000151.1, AP000152.1, AP003357.2, AC006275.1, AP000252.1, AC044797.5, AC005015.2, AL031311.1, AC009004.6, AC023105.7, AP000208.1, AP000130.1, AC005291.1, AL121834.20, AF250324.1, AC011490.7, AL031295.1, AC008812.7, AL353716.18, AC067941.7, AP001630.1, AL121881.35, AC004812.1, AP000313.1, AC004686.1, AL031005.1, AP001724.1, AC074121.16, AC007318.4, AL139002.18, AP001432.1, AC026794.4, AC006285.11, AC002558.1, AP000521.1,

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HTPBW79	591	131783 5	1 - 1360	15 - 1374	AL532387, AL532388, AL520598, AL534919, AL536351, AL529149, BE740155, BG031799, BE269797, BF984158, AL529148, AL537418, BF315754, BE891262, BE298901, BE409619, BE261844, BE296298, BF691759, BF316798, BE387294, BF316385, BE865498, BE279596, BG116442, BG115631, BF725854, BG236132, AI924354, BF058328, BE315264, BE279832, AW960909, AW953297, AI921207, BG027736, BE391898, BF981073, AW089642, AW607100, AW083566, AA779231, BF950834, BF769481, AL536350, AI597662, W72124, AA757487, AI004378, AW474708, BF950841, AA779154, AW966051, AI815918, AA181149, BF214063, AW609985, AI719697, AA181148, N52277, BE266550, BF514424, AA644552, AA315773, AV655765, AA657491, BE279156, BF997441, C05777, AA630867, AV647073, AA446396, BF512274, BF985404, BF894339, BE207304, AA768108, AI003424, N53936, AI358817, AA302986, BF986382, AA575917, AW615772, AV747904, AW409761, BE870050, AI815721, AV710773, AA009415, AI362635, BE276831, BF750334, AA554868, AA088502, BF802327, AI648676, AI560267, Z40243, N32193, R37325, AW628445, AI831717, BF871083, BF813931, BG004621, AA563856, AA868751, AA088448, T69236, R12437, N59026, Z44284, T58935, W77848, AA009696, R13448, AW241297, R37361, AI184854, T58875, BF872966, AA765983, AI383674, AA303060, N72929, AA296970, AV746892, R72050, BE934313, W38735, BF769484, AA027796, AA552128, AI423329, BE706063, BE074034, BE673575, AA323238, AA385759, AW610075, AW935206, AA365395, AA973951, AI474457, BE934455, AA350856, AA843692, BE926535, BG003907, AA302913, BF593049, T54203, BG003213, AW827234, AI961882, BF590312, BF531118, BG025715, BF341680, AA507090, AA873450, AI742493, BC000001.1, AF212229.1, AK027711. 1.
HTSEW17	592	460579	1 - 638	15 - 652	AA779073, AI860913, AI028060, AI024955, BE549714, AW136463, R07163, AW612172, BF773051, AF007146.1, AF381980. 1.
HTTDB46	593	812763	1 - 3045	15 - 3059	BF333492, AK025267.1, AK025111.1, AB020625.1, AC016572.5, AC022413. 4.
HTWCT03	594	429618	1 - 1949	15 - 1963	AA429504, BE709846, N57518, AA279467, H09648, R41904, AA007236, BF764791, AW810272, AU119787, BE790560, BF589035, BF437720, AW135490, U74496.1, Z95704.1, AL078621.19, AP001761.1, AP000218.1, AP000340.1, AC004908.1, AC002055.2, AF270552.1, AB019437.1, Z96386.1, AK021903.1, AF017466.1, AF328497.1, AF035187.1, AF035188.1, AF327134.1, AF229518.1, AF328523. 1.
HTWDF76	595	714344	1 - 949	15 - 963	AL528049, AL043219, AW088366, AW152013, BE779803, BE672597, AW243555, AI818186,

					AI653697, BE251084, AU160597, AU150608, AI871013, AA496891, AA428540, AA349190, AW249598, AI701503, AU151739, BE502287, T18883, AI202674, AU152190, AW732070, AI376266, AW139928, AI299710, AI888510, AI658535, AW341396, BF976767, BF224111, AA912087, AA694485, AI887614, H17658, AA432221, T33286, AI571236, AI299136, R56443, R51367, BF447467, AI367595, AI420610, AI825055, T70333, AA928620, AI681192, AI499499, AI197972, AA664995, BE045622, AI961711, AI184815, AA888827, AA768736, AI659770, AA292170, AI383839, AI888009, R51842, AA973896, AW470342, AI915171, AI989713, BF802487, BE799943, AI275745, AI934660, Z39039, AA634437, AW137356, F04023, AI762348, AI253211, AI824874, AL136295.3, BC004159.1, AK001435.1, AF006264. 1.
HTXAJ12	596	1310814	1 - 661	15 - 675	AA456896, BE783654, BG251027, AA768759, AI806785, AC083866.2, AC011005.7, V00584.1, K01562.1, AL035087.20, U84680. 1.
HTXCV12	597	1352213	1 - 1120	15 - 1134	AI014551, AI379840, AA928131, AA463863, AA463357, AI360362, AI553741, AI933132, AA682260, AA437378, AW612124, BE939238, AC017099. 11.
HTXDW56	598	695765	1 - 1569	15 - 1583	BE891580, BE874295, BE272309, BE905589, AU123343, BE790068, BG171568, BF797209, BE746860, BG027340, BE866834, AI765620, BE394238, BF978180, AV691685, BF131943, AW993028, AA725071, BF701185, BF029881, BF724883, AW271710, BE855449, BG122640, AV692294, BE549980, AI916562, BE936367, BE936346, BF130329, BF244421, BF088035, AI634990, BF088014, BF088012, BF088026, BF449073, BG165351, BE936324, BF593983, AI654165, BF939873, AI991405, BF592056, BF088032, AU151546, BE936318, BF923670, BF088037, BG250837, BF088024, AW750352, AI983985, AW299864, BF088028, BE936364, AI670830, BF088019, AW750348, AI570128, BF197216, AW168930, AW009948, AA704525, AI749744, BE349529, AW000916, AA861614, AI955276, AI492455, AI676055, BE549294, AI276897, BF898194, BF880528, BE936352, BF102773, BF983492, AI681128, AI796805, AW275120, BE468207, AA430567, AI659635, AW419101, AA890343, AW167370, AI635116, BE221529, AI361022, AI700668, BE858834, AW614823, AI968287, AW276391, AW592400, AI935478, AI089414, AI955265, AI912091, BE857580, BF573804, AI718821, BE349946, AI935972, AI216100, AA699534, AA030011, BF971066, BF038581, AA587495, BF821491, AI025329, AI300305, BE304656, AI342565, BG012643, BF848195, BF923020, AI308169, N38817, AV695789, BF436974, BG171706, BF898192, AI298732, AA704532, AI628899, AI018477, BF572796, AA115429, AW752990, AI334626, AA774557, BE302369, AA045856, BF088010, AW752951, AI160398, AA628480, AA555219, AW752948, AA189132, AA780575, AI983713, AW752946, AI686341, BF923688, AW512904, AW752986, AI350088, BF108993, BE074717, AI917769, AI263986, BE868265, BF446418, AI131166, BE677404, AI207172, AI347097, AI094833, W31093, AA216738, AA922079, BF339506, BF062926, AI095199, BF928253, BF308118, BF240462, AA911845, BF880533, BF923693, AI356898, R24001, AI827291, AI251444, AI828631, BF689464, AA190469, AA774568, BF218904, N66175, AW827086, BF923018, AW897464, BF801661, W95063, BF365255, T51687, BF332864, R74559, H83131, AW341133, BE549357, AW471002, BE762765, BE891260, H83132, AI356017, BE740064, BG011025, BF247697,

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HTXFL30	599	620001	1 - 1977	15 - 1991	BE891940, BF851322, W28069, AW298651, AA112484, T08083, BF955273.
HTXKF95	600	891275	1 - 961	15 - 975	AI934965, AW574868, BF056901, BE676636, AA831751, AA814605, AW590381, AI857985, AA742405, BF592924, AI697328, BF059191, AW450001, AI341301, AI635420, AW610280, AA917582, AI418901, C01813, BE694168, AW291415, AA775165, BF798709, BF916068, AW975618, AW966330, AV718489, AW964468, AV699866, C14331, AV718681, AV720791, AW966065, AV718931, AW966389, AV724520, AW949645, D80522, AV738340, AV699550, D80133, D59610, AW973541, AV718692, D81026, AW960465, AW975613, AW975605, D80248, AW965177, AW377671, C14429, AW964532, AV722801, D80251, AW949641, AV720731, AW973488, AW973445, D51060, D51799, AW959469, AV741191, AV718938, AV718633, AW949630, C14389, AW978634, AW966062, D51423, AV720203, D80366, AW959799, AV719324, AW966059, AW973490, D59859, AV701004, AW959582, D80166, AW973474, AW964756, AW966053, D59619, D80269, AW978661, D80210, AW960553, D80240, D80253, AV719822, AW973307, AW964477, AW956434, AW973447, AV699927, AW966369, AV718707, AV720211, AV720878, AV719557, D80241, AV699447, D50979, AW966029, AW958993, D81030, AV723927, AW959136, AW966075, AW949656, D59373, AW949642, D80188, AW959202, AV720035, AW973334, AW966531, AW966534, D80227, AW966333, D58283, AW966022, D80212, AW978648, AW960473, D50995, AW966013, D59467, D51022, D80022, AW966041, D80219, AV719188, D80195, AW975621, AW959628, AW966378, AW973485, AW965163, D80391, D80164, D59275, AW966030, AW966054, AW966050, AW965158, D80043, D59787, AW959062, AV718440, AV719783, AV720028, D59502, AW959597, AW959570, AV719468, AV718800, AW965185, AW965197, AW965196, AW965184, AW965175, AV718844, AV720464, AV718770, AW973330, AW973482, AW958992, AW964488, AW962082, AW949654, D57483, C15076, D59889, D59927, D80196, AV720151, AV720533, D80024, D80378, AW949657, AA305409, AW966386, AW960454, AW962395, AW966368, AV720616, AW966032, AW966331, AW966398, AW966397, AV701839, AW956397, AW949629, AW949653, AW949631, AW949643, AW949618, AW949655, AV720220, AW966399, AA305578, AA514188, AV744662, D80038, AW966385, AW966043, AV744012, AW960504, AW973473, D80193, AW966388, AW962245, AW966380, AW965176, AW964737, AW966400, AW966332, AW960532, AV741187, AV741198, AV721386, AW949646, AW949633, AW949632, AW949658, D80045, C14014, AV744004, AA514186, AV744690, AV702035, D80268, AW752082, AV700889, AW753053, AW177440, AW966023, AV742001, AV720812, AV723097, AW966377, AW975623, D80439, AV744006, D59627, AW360811, AW178893, AV718530, BC008360.1, AC008083.23, AC004242.1,

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HTXKP61	601	824083	1 - 1195	15 - 1209	BE275577, BF342801, AL529204, AI660428, AW003481, AI469418, BG231875, AU160542, AW003722, BE221902, AL530582, AI697903, BE741000, AU144726, AA433918, AI371156, AA029908, BF516011, AI017052, AI150233, AA846607, AI095354, AU118071, AL042959, AI653247, AI338204, AA552385, AL528110, AI001078, AI168113, W31264, AL529205, AW449063, BF510837, AI061060, AI251838, AW770273, AA810494, AW383853, AI582444, AW440361, AI337406, F25991, AA040569, AA030037, BG258196, R52694, R60246, R61272, AI225083, BE562335, AI474379, AA813625, BE503451, AW957171, T33316, F08876, AI394687, BF797612, AA706515, AI372806, BE407233, AA938133, AI962262, AA694463, AA806149, BG256771, AA371703, AL523910, BE384815, BF087775, H56115, AI265837, BG151348, BF930219, H05238, BE397686, AW840116, H18625, AW166747, AW839962, AI832256, BF793735, R46092, F09405, AI570516, AI832533, AI264936, AI201947, AI916913, AA076196, AI206207, BF813476, F08877, AI468489, AI949645, AI273819, AA732023, AA743249, AI918304, AA425605, BE047789, BF084883, BF374860, BG119332, N91827, Z40907, BE560246, AW008923, AI085806, BF003088, T65375, BF765564, BG230772, AA214506, BF843766, BE907797, AA868644, BF914189, AI372805, AA034314, T47081, BF685922, AW383854, AI493557, AA670130, AL036905, BF724094, BF882198, AW750565, AW816798, AW175913, BE727732, AA215302, AA436121, AA040668, AI424583, AA434601, R88938, BC002855.1, BC008053.1, AL136657.1, AL137200.1, AK021605.1, AB037846.1, AF265228.1, AL035417.15, AC005043. 2.
HUDBZ89	602	1352211	1 - 2121	15 - 2135	AU125474, BE883532, BG107414, BE898459, BE746984, BE542496, BF575571, AW958579, BF314540, BF573504, BE734208, AI802426, AW953779, AW292502, AU149129, BG031927, AA436628, AA076658, AU150986, BF081743, AA046746, BF095716, AA046670, BE186054, AW601449, AW673051, AW294732, AW601455, AI910194, BE092409, AI601235, H66950, H66951, R85537, AA363520, AI202299, R40736, AA363830, BF085875, AV749014, BE876022, AW190087, AL520949, AA808657, T98596, AW896216, T98595, AA355808, AW377204, AW377198, AA079565, AW377106, BE699057, AW377170, AW752839, AW362224, AI223245, BE832662, AW579894, AW579890, AI362898, AW377180, AB007866.2, AL109823. 23.
HUFBY15	603	1352349	1 - 1179	15 - 1193	AW389141, AW609901, BF374842, BF374845, AW388854, AW389152, BF374846, AW389148, AW389140, AW388908, BF374844, AW752215, AI797737, AW662557, AW375776, AW389144, AI990471, AA625286, AW388954, AW271542, AW752222, BF032067, AI953121, BE504740, AW389077, AW388858, AA303053, AI991077, AA303052, AW388926, AA613119, AA297581, AI963985, AW388918, AW388731, AW388732, AW388759, AA524545, BF513041, AW811008, AL132639. 4.
HUFEF62	604	645101	1 - 504	15 - 518	BF929940, AU137259, BE065411, AU128307, AW818223, BE154234, BE065240, BE065404, AW856804, BE065281, BE065188, BF755156, AW939313, AW876637, BE065282, AW936927, BE065231, BE866484, BE065242, AU121120, AW992038, BF577152, BE612443, BE065370,

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HUKAH51	605	1352424	1 - 839	15 - 853	AA502331, AA503839, AW592433, AW444616, AW957011, AA568450, AI017393, T85589, T72043, T78178, AW079940, T85588, AI699382, AA299977, BF593574, T86494, AW605240, AW956056, AA335186, AA551860.
HUKBT29	606	694590	1 - 1743	15 - 1757	AI889172, AI080136, AA211445, AA211523, F24617, AA211502, F27978, AW614056, AI862904, BG222837, F28119, F30666, F29048, AI972919, AA211549, AI128717, Z24989, AW302460, F28086, F26294, Z28706, AA413432, R45814, BG014944.
HUSIG64	607	566762	1 - 996	15 - 1010	AU132783, AU135545, BE879986, BE875866, BE875592, AU138137, AI343496, BE889561, BE179171, BF437308, AI627188, AW514639, AU128177, AU128176, AI287966, AA862577, AU123709, AI674555, AU138293, AA917000, AI811236, W52793, BF790472, AV746689, R52090, AW241400, AA948155, AW964602, AI762045, AI971433, Z40332, R49159, AU136203, R81617, BG024648, BE843297, AA969855, BE816922, BE769518, BE816921, BE816943, BE816951, AU138770, T30870, BF329070, BE835821, BF671946, AU138360, AU135153, BE179399, BF982177, BE769579, BE816923, Z44401, Z24991, AW379766, R81358, BE819508, AW946464, AA383566, AW956753, AW946480, D86326.1, AK002093. 1.
HUSXS50	608	1352367	1 - 2547	15 - 2561	BF683736, BE730782, BF792931, BF446001, BF205853, BE734189, BE796114, BG252706, BE560701, BE560444, BE562462, BE869307, BF309461, BE397034, BE560928, BE560121, BF691174, BF204949, BF312317, BE387292, BE856236, BG122978, BE298856, BE792425,

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HVARW53	609	119481 2	1 - 1001	15 - 1015	AI991013, AW600302, BE045875.
HWAAD63	610	838626	1 - 3294	15 - 3308	BG058664, AW953071, BF668217, AL046409, AI284640, AW406162, BF852604, AU123691, AL046205, AW303196, D82290, AW301350, AI334443, AV761286, AL121235, AW274349, AW600804, BF339640, BF677892, AV763892, BG032943, AI572924, AI801482, AI431303, AL044940, AV740801, AV764490, BG249643, AV762098, AI270117, AW969629, AI732378, AW265385, AI963720, AI708009, AI350211, AU147104, AW473163, AA669840, AV735495, AI149478, AV763971, AA581903, AV759518, AV760937, AI754955, AL041690, AI583283, AV710066, AV763550, BG236735, AU145314, AW502975, AV742057, BG167743, BF940837,

					AW193265, AV760777, BF914859, BF918590, AF074667, AV763122, BF918640, BE908796, BG036337, AW513362, AA491814, AV759362, BF725315, AV762050, AV763354, AW021583, BF919090, AI203955, AA531580, AA613232, AA490183, D82542, AW576391, AI623720, AV739452, AV728425, BE350475, AW500125, AA521323, AA665330, AV702857, AV730391, BF347791, AA610491, T40452, AA584167, AW474160, AI613280, AV762139, BE253048, AI192631, AI732865, AW020992, AA938105, AV733830, AF074677, AV652936, AW276817, BE872393, AW088846, AW438643, AI434695, AI345654, AW270270, AI610159, AW274346, AW265170, BF680041, BF854876, AA469451, AI589230, AA584145, AW833862, BE047069, AI570261, BF347740, AI619997, AW264934, AL042420, BF475381, AW518220, BF942454, AV762009, AI708125, BF697673, AW148792, BE297262, AW731867, AV759505, AA457542, BF991286, BF806176, AV728410, AU159337, AW089322, BE164494, AA774222, AI345518, AW963497, AV763255, AI696962, AL041706, F36273, AA496508, AV764228, AA478355, AV713243, AV761613, BE677379, BF736198, BF916517, AW079135, AV735370, R99597, AA652764, AW029038, AV725423, AA410828, AW169517, BG250302, AV761786, BE393367, BF872630, AF063563, AV764241, AA601294, BF827410, BF812839, AL119691, AV760378, AA177061, BG177715, BF674620, AI298710, AW169151, AA502104, AI345681, AI345675, AA633798, AV761925, AA682912, BF965007, AV733710, BF680074, AV762768, AA579362, BE139146, BF217299, AV762111, AV764578, AL118559.6, AB038653.1, AC020904.6, AC009497.3, AC006581.16, AF001549.1, AC004638.1, AC008267.6, AL121601.13, AL109865.36, AL356915.19, AC018809.4, AL163973.1, AC023908.6, AC011465.4, AL160237.4, AP000459.3, AC005081.3, AC044797.5, AC009154.5, AP001760.1, AL035367.5, AC007298.17, AL139350.17, AC006329.5, AC004019.20, AC006038.2, AC011455.6, AC008616.6, AL354932.26, AC011461.4, AL161892.9, AC005911.6, AC008265.15, U80017.1, AP003357.2, U91323.1, AC018636.4, AC005562.1, AL096701.14, AL080243.21, AC011450.4, AL133367.4, AL162458.10, AL354720.14, AC020658.6, AL158830.17, AL050318.13, AC005839.1, AP001687.1, AC009144.5, AC005041.2, Z99495.1, AC002565.1, AC022007.3, AC018769.2, AP000031.1, AC008372.6, AC011811.42, AC008688.7, AC009298.3, AP000047.1, AL445222.9, AL163248.2, AL139113.21, AC006435.7, AL136219.17, AC011495.6, AC008562.4, AC022308.17, AC008537.5, AP001667.1, AL133399.1, AL353135.32, AL121809.6, AC005696.1, AC073838.6, AC002476.1, AC006028.3, AP000115.1, AL445928.8, Z69666.1, AC005522.2, AC084783.2, AL133485.3, AC016025.12, AC004906.3, AC008649.6, AP000553.1, AC009470.4, AL031054.1, AC007193.1, AP000338.2, AL117334.29, AC009530.5, AP001346.1, AL034380.26, AC016830.5, AC008403.6, AL049550.5, AC027644.9, AC011930.5, AL109965.34, AC006241.1, AL049869.6, Z83844.5, Z98941.1, AL031283.26, AL159191.4, AP000216.1, AC009996.7, AC015842.9, AL136295.3, AL139330.17, AC008745.6, AC005527.3, AC007731.14, U47924.1, AC012377.5, AC025212.5, AC005500.2, AC018751.30, Z93241.11, AL078638.9, AL354993.24, AC016769.10, AC005324.1, AL355517.12, AC074121.16, AC012170.6, AC006538.1, AP000962.2, AC004650.1, AC083884.6, AL354935.23, U52111.2, AC016027.15, AC079363.19, AP000113.1,

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HWABA81	611	580889	1 - 852	15 - 866	BE676856, AL121897. 32.
HWABY10	612	768334	1 - 2936	15 - 2950	BG110964, BF795642, BF338736, BF344299, BF339610, BF344724, BE905985, BG171717, BF663359, BE878057, BF344117, BF797494, BE779728, BG110428, BE548198, BG113392, BE514891, BG105728, BF344895, BF342409, BE731592, BF344700, BF326253, BG107408, BF337274, AA029404, BE873119, BF339289, BE537561, BE546615, BF215522, BF348090, BF341943, BF974666, BG106809, AW517110, BE866817, BF337936, BE312135, BF342571, BF339613, BF795397, BE259965, BG025377, AW328067, AW051360, BF112053, AW467352, AW328066, BF305147, BF432273, BF925893, AW517104, AI921698, AI683501, BF338943, BE910326, AW732485, BF338023, BE465948, W38916, AA779337, BF854480, BE045837, W25986, AA973853, AA101157, AW084136, AA181835, AA775283, AA186569, W68073, AI560223, AI147239, AI089340, AI095449, BE670405, AA082143, AI066562, AA679092, AI422300, AI613463, AA588711, BG176783, AI761003, AI088731, AW051882, AI126290, BE646503, AA837279, AW087365, AI148227, AA009501, AI283584, AI434557, W28104, T62574, AI951073, AA782618, AI479881, W47512, N46795, AI985937, N40931, AI039397, AI432803, AI583386, BF802889, BF832903, BF804217, AW956881, W46793, BF802896, W68195, BG230721, BF815862, BG222416, BG222489, AI083847, BF806737, N40938, AI684916, AW576132, BF805055, W45117, W27429, AA324201, BF876216, AA862278, AI627377, Z43491, W26072, BF871297, W46921, AW518033, BG055999, AA071418, BF339697, BF432684, BF664265, H87824, BF804896, AI369040, N46788, AI280551, AW393985, BF343179, AI961956, R54302, AW393954, AA021161, W25922, AA574349, BF819220, BF933082, T08587, AI954952, T03895, AA910718, BF832997, BF833048, R60251, AI272774, AI682434, AW351625, AI369469, BF432394, W47511, AA366238, AA021160, AW394010,

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HWADJ89	613	799506	1 - 1755	15 - 1769	AW958273, AW377130, AW574767, AW138853, BF111962, AA135712, AA156931, AW264402, AW117200, AI684896, AW339989, AA524553, AI394626, AI754796, AI860485, AI989549, AW129957, AI672796, BG056354, AA040909, AI000898, AI421190, AI693729, AW512733, AW044450, AI090274, AW205364, AW081734, BE939287, N35410, AA788655, N55117, AA844145, AI091868, N62863, AW302517, AI361489, AI628038, AA765992, AI800010, AI817849, BF800164, AI285397, AW403436, AA658416, AA648845, F13408, N73777, AA983941, R34886, AI024148, T04873, AA310563, Z33435, R72500, AI219780, AI149773, BG248348, R49268, BE305119, BE293618, AI743430, AW440724, T78828, BE249965, F10993, BE250024, AI371489, BE171979, N77769, AW235832, AI204426, R34492, N48042, BF899137, BF842700, R34372, Z38685, N99398, AI857456, AW841803, BE176205, AW899803, AA665233, AI290874, AW591407, AI432644, BF757092, AI623302, AW968355, AI431347, AI432653, AW081103, AI431230, AI431328, AI432654, AI432655, AI431310, AI431312, AI432650, AI432677, AW968356, BE672759, AI431353, AW971740, AW972091, AW972093, AW968729, AI431307, AI431316, AI432661, AI431354, AI431315, AI431337, AI431257, AI492519, BE672745, BE672732, AI791349, AI432666, AI432675, AW128900, BE672748, AI431238, AI492520, BE672719, AI432651, AI432647, AI431330, AI432674, AI432672, BF448552, AW972092, BE672767, AI431243, AI431248, AI432665, AI432657, AI432658, AI432649, BE672644, AI431255, BE672774, BE672742, AW969229, AI431254, BF589777, AI431350, AI431231, AI432662, AI431345, BE672738, AI431357, AW858522, AI431241, AI431351, AI431323, AI431346, AI431247, AI431318, AI432676, AI432673, AI431235, AI431321, AW128897, AI431340, AI432643, BE672792, AW128846, AI432664, AI431246, AW972090, AI432645, AW128884, BE672743, AI492510, BE672640, AL042931, AI431314, AW129223, AI431308, BE672749, BE672744, AI492509, BE672622, AI431751, BE672627, AL042729, AL045494, AL042655, BE672626, AL042523, AL042519, AL042853, AL031296.1, AK026719.1, AB007922.2, AF052104.1, AF064854.1, AL133082. 1.
HWBAO62	614	838164	1 - 1889	15 - 1903	AI683471, AI792952.

HWBAR88	615	836469	1 - 1037	15 - 1051	AV704722, BF890753, BE832379, AA334103, BF513764, AI654920, AW418882, BE503701, AI949038, AI093540, AA703125, AI076049, AI356640, AI359681, AI160128, BE858525, AV717717, AI422536, AB020316.1, AL357992.14, AL590485.7, AL359252. 17.
HWBCB89	616	1093347	1 - 1303	15 - 1317	BE383506, AW957082, BF965615, AA749209, BE314194, BE856755, AW959644, AA406605, BF673639, AI635816, AI332841, AW576111, AI925364, AA599283, BE646653, AA815259, AI093865, AA557291, AA992639, AI199140, AI094047, AA778372, AA777994, BF110030, AA700564, AW236389, AW405247, AI376136, AW195935, AA418750, AA418959, AA809375, AI378198, W47086, AA258421, AA833614, AA722806, AW135756, AI312116, N26019, AI401448, BE047114, AI004747, N36650, AA297567, AA975019, AA369324, F32728, AW592186, AA298693, AA248246, AA214511, AA298744, AA248186, R01364, AA651996, AI382499, AA215364, AW241153, AW167882, AI038732, AL514627, AL514919, AV681857, AL513907, AA421957, AV756703, AL514473, AL513597, AL514791, AV682351, AI567360, AL135661, AI679916, AV756477, AL513803, AW087445, AV726951, BF904180, AL514691, BF792469, AV682330, BF726603, AV710479, AV706777, AV682266, BE965432, BE966388, AV758179, BG105099, BG257535, BE879906, AI499381, AW162071, AV717725, BG179993, BG112879, BF681080, BE964614, AI349772, AV682222, AL514155, AV757598, AL120854, BG036846, BF969484, BF971016, AV755207, AA640779, AV729334, AI633419, AI282903, AW301409, AI569616, AI433976, BF925729, AV682249, AV755581, BE963035, BG110517, BG109270, BG120816, BF343241, AI537677, BF970449, AW827289, BF883916, AL514935, BF724691, BE965481, BG122481, AL079963, AW103371, BG110684, AL513763, AI799199, AL036802, BF812933, AI868831, AV723953, BE048071, AI857296, BF904258, BF882343, BF795712, AV721967, AI678357, AL119863, AI521012, BF055737, BE964812, BG260037, AI498579, AV756560, AL045500, AW071349, BG105078, AW088899, BF344652, BF054789, BE964700, BG168696, AL048871, AI696626, AW068845, AI612913, AI572418, AI783792, AW238730, N80094, AI802240, BG180996, BG256950, AV757455, AL040243, AV681668, AI610645, AW983783, AI250663, BE876038, AI538085, AI620287, BF970162, AI702433, AL119791, AL045903, AI567351, AI280661, BE621256, AI537617, BF342070, AV682792, AI872914, BF034349, BG027082, BG108324, AA572758, AL036146, AV733824, AV681987, AV757096, AV758806, AI538716, AV755613, BF694790, AW268253, AI591316, BF726160, AI636456, AV682326, BF981774, AL121328, AI312428, AI281779, AI584140, BF673434, BG031815, AI950664, AV729890, AI680498, AV686346, AI682743, AW071417, BF792961, AI349004, BE881155, AV714975, BE966443, AI648663, AW148320, AI340582, BG250190, AI500077, AI349645, AV682051, AW149236, AI224992, AI289937, AI906328, AV716613, AV699193, AI564719, AI922676, BF343172, AW074993, AI349614, BG032208, BE781369, BE172767, BF793644, AK027683.1, AF091092.1, AL133640.1, S78214.1, AK025339.1, AF078844.1, AK000137.1, AB060908.1, AB049758.1, BC008387.1, AF090943.1, AF090934.1, AB063008.1, AF177336.1, AL512718.1, AF125949.1, AL512733.1, AL050393.1, AF090901.1, AL157431.1, AL133016.1, AL133606.1, AF104032.1, AF090900.1, AK000614.1, AL049938.1,

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HWBCP79	617	846382	1 - 1124	15 - 1138	AW935696, BF358707, BF358705, BF347791, BF674056, BE394054, BF945587, AA503600, BF347740, BF915002, AA169263, BF030530, AA580808, AA630672, AA127426, F12561, AV762741, AA828749, F34498, AV760634, BE005691, AA362349, BE790132, AA584876, AA838190, AI801482, BF149427, AI708009, BG059568, D52587, AA316905, M86120, AL121870.9, AL031255.1, AL135838.5, AC009533.9, AC002565.1, AE006462.1, Y18000.1, AC011895.4, AF312032.1,

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HWBDP28	618	1352265	1 - 1827	15 - 1841	BE889490, AV722484, BF939302, BF925193, BF675397, BF925185, AI885403, BF894252, BF437150, BF511298, BF925900, AI970784, AI669189, AW402243, AI635202, AI669779, AI241438, AW571832, AI473658, AW291412, BF925180, AA374925, AI612948, BF925863, BE885616, AK026147.1, M73469. 1.
HWBFE57	619	907063	1 - 1119	15 - 1133	BF893888, BE247495, BF756575, AF328787.1, AF250238.1, AF140342. 1.
HWDAC39	620	1310817	1 - 739	15 - 753	AI685116, AW827247, AA446110, AL038713, AW838167, AI627336, AI377100, AI635355, AV652234, AW962432, AI610326, BE158597, BF949364, BF764903, AW102963, BF438919, BE973780, AI186380, AI220812, AI193408, AI873822, AV740374, AI598077, AI382347, BE873986, AI572522, AI926394, AI092624, AV744706, AI245554, AI053905, AI559986, BE048806, AI805962, BF092872, AW090566, AI758697, AL157902.6, AC007390.3, AC017082.4, AC013604.9, AC083875.1, AC002385.1, AL157938.22, AC005209.1, AL135938.9, AC017006.4, AC006198.1, AL031736.16, AL133370.4, AL390057.12, AC078958.30, AC009405.3, AL359292.12, AL136164.8, AL158192.15, AL138703.10, AC004848.1, AC007877.3, AC010590.7, AC008739.5, AL445433.14, AL353707.14, AL158015.9, AL079304.3, AL121857.5, AC025436.2, AC011361.4, AC020915.6, AL354736.10, AC021188.6, Z82216.1, AC016398.5, AL391811.7, AL162853.17, AL356019.5, AC008059.2, AL392087.7, AC061958.11, AL121841.5, AL591291.1, AC016720.9, AC016770.10, AC027239.5, AL365227.19, AC012003.9, AL139090.11, AC007482.7, AL034561.5, AL355305.9, AC025445.4, AL161665.5, AL109852.13, AL078614.2, AL390838.26, AL160273.9, AL356115.9, AL391379.12, Z98749.11, Z93018.1, AP002534.1, AL161417.17, AJ271735.1, AL035246.13, AC025613.14,

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HWDAH38	621	1028519	1 - 1590	15 - 1604	AA410788, AU147162, AW069227, AW805539, AI278089, AW578373, BF769368, AW054995, AI733856, AI890324, AW849032, AI923052, AA547979, AU144540, AI634187, AI056177, AA847499, BF681619, AW861303, AW500029, AA916430, AV762633, AI457313, AA228778, BG250286, AI732389, AI754653, BE138594, BF675251, AI537020, AW973992, AA158190, AI679002, AW168433, AI891080, AW514662, AL079734, BE062159, AA515728, AA491423, BF832074, AA832145, BE897079, AW674631, AW798093, BF725178, AI049630, AW068596, AA579179, BG115297, AW004884, AW084445, AI923050, AW575000, AI282479, AU152561, AL120282, BF917346, AW338035, AW338021, AL038842, AA719073, AV762009, T09219, AW971987, AW338179, AA669155, AA502991, BG222875, AI279417, AA491955, AA236867, AA640710, AW872575, AI254770, AA223174, BE042511, AI821714, AI791913, AV756491, AI284126, AI792133, AI821785, BE139139, AI251034, AA176604, AW302315, AA569648, BG236628, AV759518, AA714110, AI133164, AC008481.7, AE006639.1, AC006057.5, AL049776.3, AC004846.2, AL035404.20, AC008397.7, AL355593.21, AC002544.1, AL031311.1, AL590762.1, AC002045.1, AJ400877.1, AP001051.1, AC004882.2, AC004840.3, AC008623.4, AP000046.1, AF129756.1, AC007021.3, AL136526.27, AL133367.4, AC007957.36, AL513131.1, AC008569.6, AC008687.4, AL137077.31, AL359252.17, AC010543.8, AC007216.2, AC016601.6, AC011449.6, Z83844.5, AF038458.1, AC008891.7, Z83845.14, AC007686.5, AL050318.13, AC011500.7, AC004024.2, AL022323.7, AC002073.1, AC019184.3, AL359236.4, AF288742.1, Z95115.1, AC003667.1, AL445222.9, AC008280.4, AL353802.14, AC010616.5, AC009131.6, AC004531.1, AP001721.1, AL358777.12, AL139317.5, AC005037.2, AL031666.6, AC002553.1, AL359092.14, AL163300.2, AL162426.20, AL163249.2, AF047825.1, AL079335.29, AC005015.2, U95740.1, AL133163.2, AL121586.31, AC004228.2, AC005049.2, AC004867.5, AL118520.26, AL391833.10, AC002365.1, AP000356.1, AC090517.2, AL590763.1, AC008395.6, AL139415.10, AL031717.11, AL354864.16, AC009996.7, AP001718.1, AC008543.7, AL354735.14, AC005079.6, AF243527.1, AC080012.20, AC005280.3, AL033518.14, AL354760.11, AL035406.25, AC040160.4, AC034193.4, AL356915.19, AC079177.21, AC005488.2, AC020917.4, AC008812.7, AC018663.3, AC005052.2, AP001724.1, AC005972.1, AC051619.7, AC006441.13, AC008074.3, AC010422.7, AC006285.11,

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HWHGP71	622	995431	1 - 1007	15 - 1021	AA927633, BE206519, H85594, AA019612, BF379185, BF829931, AF308571.1, AB008193.1, AF277230.1, AB029892.1, AJ278605.1, AF190901.1, D89079.1, U41070. 1.
HWHGQ49	623	1352257	1 - 971	15 - 985	BE907577, AU126910, AL533833, BE731437, AW970004, BF967077, BE788909, BF207957, BF343694, BE737688, BE866037, BE272694, BF208159, H17761, BE564507, R52799, BF965044, BF208977, BF676791, N94214, AV657236, BF725860, N91665, AA588382, BF725223, H70673, BF813629, R17380, R22829, BE772590, H55988, BE962738, BF210281, BF889390, BF208466, C04806, N80329, D56451, AI797289, H59335, BF879857, AW008969, AI394269, BE795342, D56220, BE740614, BE793846, BF732877, AI541453, R01796, BE903639, BE790851, BF880011, Z36872, AW582547, BE267419, BE742662, BF026122, BE735825, BE793469, BF949650, AW885466, AW009897, BG170115, AA248589, AW062936, AI148761, AI928801, AW858815, BE903214, BF689981, AW178925, T69554, AI278793, BE513607, AW363731, BE730258, BE393241, BE727175, AW263105, H93411, R62171, AA613553, N30347, BF125876, AA960959, BE265249, AA996071, AW818608, BF184855, AI026967, BF026858, AW069303, AA148228, BE958392, AA193652, AW577228, AA235201, BE887401, AW247577, H41429, BE799132, BF967713, BF243020, AA837473, AW247732, AI917109, R86909, BF211115, AV716597, T34155, AW577215, C05230, AA316485, AI751446, AI276480, AI750270, BE798194, BE934366, BE934317, BE934437, BE934332,

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HWHGU54	624	695695	1 - 1431	15 - 1445	AA458648, BE140448, AA455546, AL132708.3, AL132990. 3.
HWHGZ51	625	886212	1 - 1685	15 - 1699	BE735965, AW372956, BF826018, BE735558, AW007721, AI955624, N30735, BF842481, AA531286, BE735650, AA476961, AA479609, AA709157, N29329, BF813297, AI680020, BF814081, W72299, AW450151, BF349121, AI342682, BE713111, AI207356, BE713103, BE713065, AA459897, AI206356, W23589, BF349122, BE939515, BE714549, W76325, W35267, AW272943, AA158001, AA442947, BE713172, BG012569, T69460, AA321599, AW135072, AA369339, BE713162, AI202455, AA369441, N57021, W68131, BE713086, BE713074, T69437, BE713165, AI301772, T70492, T70513, BF738317, AW389438, BE717812, D29356, BE717821, AA127911, AA846442, AA127966, BF842499, BF739402, BE140441, BE048026, AV658585, AL037582, AL037602, BG179993, AI802542, AV741327, AI628337, BE184331, N29277, AL040241, AW079572, BF812960, BF792961, AV743962, BG114432, AI469505, AL042745, AV757865, AL079963, BF970768, AI698391, BG110684, AI499285, BE968711, BF751302, AI570807, AI345416, AI345612, BF726183, AI824576, BF724420, AI345415, BE789764, F37323, AI627988, BG256090, AL043355, BG113188, BF856052, AV658845, AI884318, AI491775, AV656595, BF924855, AI886594, BG104927, AW051088, BF032768, BG111560, AV713305, BF526020, AI540458, AA287231, AW880037, AV733448, AI288285, AW983832, BF725534, BE047852, BG029086, BF970652, AA580663, BE963838, BG167986, AI538850, AI580436, AW673679, BF055899, AI440239, AI685005, AI687295, BG058150, AA833760, AA225339, AI241923, AI568138, BE018334, BG033723, BF054877, BG115626, BF338002, AL042744, AW303152, BG001235, AI673363, BG030364, AW090393, AI783997, AL042191, BF812938, BF752245, BF727091, AI670009, AV718258, AW020561, AI433157, AI818358, AI702073, AI473536, BF911521, AV757052, BF868489, AV682124, AI682798, T95813, BF812961, AI570966, AL036214, AI345778, AI932794, AW163834, BE879108, AW827206, AI564259, BG110682, BG058398, AA641818, AI633125, AI866040, BE535384, AI538564, AI638798, AW161156, AI915291, AW152182, BG117375, AW051059, BF811804, AV681993, BG166654, AI866770, AL041150, AW104141, AI800440, BE877904, BF086116, AI433590, BE069120, AA806720, BE778453, BG180605, AL036673, BG112456, AI969655, AV733734, AL514887, AW827103, BG028116, BE964614, AI539847, AI863191, AI254727, AL039086, AI445992, BF885081, AI345608, BG029667, AI345688, AW083573, AI572717, AL036631, BF816037, AI613038, AW834302, BF909758, AW026882, AL038445, AI868931, R36271, BF872365, BG110517, BG257547, BG164558, AI267454, AI581033, AI623941, AI568114, AW167918, AA743354, AV714798, AV757035, AW983829, BF794478, AJ223603.2, AF082889.1, AC018758.2, AL353940.1, BC006472.1, AF132676.1, AF061836.1, AL137533.1, AL137294.1, AB055352.1, AF262032.1, AL137271.1, AL137480.1, AF056191.1, AL117435.1, AL080154.1, X72889.1, AK024538.1, BC004370.1, AB047941.1, AL389935.1, AL117460.1, BC002473.1, AL136845.1, BC006103.1, AL389939.1,

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HWHHL34	626	805642	1 - 1515	15 - 1529	AL529775, AL533489, AL524594, BF974297, AL516570, BG163363, BE881103, AI146476, BG120063, BE259554, BF342974, AV715318, BE789938, BG105343, AV755514, BE780157, BF691658, AW812911, BG024181, AW812981, BF213502, AV716562, BF698515, BG261045, BF574514, BF211692, BF033068, BF348164, AV759171, AV701423, BF035763, AW955608, AW812971, AW581981, BF677888, BF571378, BF576293, BF240656, AW390493, BE222633,

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HWLEV32	627	1032602	1 - 1204	15 - 1218	AA677440, AW994068, AA368613, AW052024, AI633325, AA865554, AA011059, AA011060, AW955888, AU156208, BE177677, AF198488.1, AL137740. 1.
HWLIH65	628	793713	1 - 817	15 - 831	AW663887, AA702920, AI042498, BF981980, AA661749, AW401902, AI286001, AW237708, AA512902, AW503623, BE645601, AW405179, AW973049, Z39825, AA129086, AL134524, AW972845, AW975037, AW979204, AW975032, AW976024, AW979127, AW972292, AW975002, AW975965, AW975628, AW970942, AW861944, AW969988, AW971403, AW979098, AW975105, AW858525, AW975019, AW972849, AW025744, AW974801, AW971404, AW975954, AW877209, AW975031, AW969791, AW979002, AW974786, AI088353, AW973219, AW972867, AW979238, AL119324, AW971375, AW979212, AW970540, AW979090, AW979176, AW975154, AW979294,

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HWTBK81	629	460568	1 - 623	15 - 637	T89795, AW769449, AA774621, AA954176, BF879355, H04799, BF879528, BE394321, R39277, T89429, R42299, AA873122, AC009238.4, AC008268.3, AC016683. 7.
HYAAJ71	630	826754	1 - 3323	15 - 3337	AV718385, AV718481, AV659465, AV659453, AV659577, AV659377, BF894682, AV704375, AI284640, AA581903, AL046205, AW576391, AW265385, AI334443, BG249643, AW265393, AW301350, AW270270, AW303196, AW502975, AI307201, AL046409, AI345654, AL042853, BG171422, AF330238, AI076616, AA533333, AI538852, BF680041, AA526787, AL037683, AI355206, AV738303, AV710066, AA584082, BF679304, AA491284, AI270117, AW419262, AW103758, AA468022, BF677892, BF816072, AI431303, AV730952, BG109996, AW274349,

					BF918590, AI469968, AI537506, AW274346, BG107801, AW193265, AI368256, BF991286, AV658688, AV652936, AI963720, BF678911, AL120687, AA584201, AA490183, BF683672, AW438643, AV658733, AI281881, BF592200, AA126450, AL042420, AW872676, AW731867, AI148277, AA468131, BF813686, BF592311, AV740801, AW020992, AV763550, BF676981, BF914859, AV762009, AA610491, AI613280, AW473163, AW072587, AV710770, AV762959, AW162489, AW270382, BF724372, AI375542, AV761631, AV702857, AA521323, BF679274, AU148742, BE049095, AI358571, AI956131, BF725315, AW500353, AA584167, AW088718, AW872575, AI610376, AA629572, AL041690, BE967369, AV764398, AW970848, AA720702, AU145393, BF919090, AV757607, AI287651, AA613345, BF984160, AI432270, AI890918, AV759172, AF074677, AV739901, BF680639, AV764530, AW975425, AI718446, AW129001, BF697673, AV733830, AA528725, AV728425, AV764241, AW833862, BF056371, BF792603, BF347791, AW969629, BF347740, F36306, AW979031, AA602047, AA491831, AI583283, BE139146, BG036337, AI568678, AW407578, AW472872, AV760937, BF965007, AI379719, AW265009, AI350211, AU147800, AA722372, BF679107, AI064952, AI085719, AV763354, BF942454, AV762395, AA079348, AV704536, AA491814, AV725423, AV761155, BE206443, AA577959, BF841869, AI539563, AU154961, AL034405.16, AC006353.3, AC069262.24, AC004987.2, AL121972.17, AC026866.8, AC007371.16, AL136170.12, AC002395.1, AP000719.4, AL121601.13, AL356915.19, AP000140.1, AL136992.22, Z86061.1, AC068724.7, AC020916.7, AC008753.8, AF038458.1, AC009530.5, AC022384.4, AC008403.6, AL022238.1, AC005304.1, AC006989.3, AC068712.6, AL354763.17, AC010422.7, AC005548.1, AC007564.9, AC091492.1, AC018769.2, AP000088.1, AC004826.3, AP000228.1, L78833.1, AP000459.3, AC002126.1, AC003957.1, AP001718.1, AC008519.4, AC008249.14, AL133284.13, AC008946.6, AP002797.3, AL157838.24, AL009179.1, AL117381.32, AC011455.6, AC013737.4, AL096841.6, D84394.1, AP000508.1, AL157882.5, AL122035.6, AC012379.7, AL049759.10, AL136300.22, AC007384.3, AC006501.5, Z99128.1, AC008064.2, AC013429.12, AC006211.1, AC067722.21, AL137802.7, AL163973.1, AC002544.1, AC000066.1, AC004840.3, AC004453.1, AL354935.23, AC018696.4, AC024082.6, AC023114.5, AC007919.18, AL031904.1, AC019046.4, AC008812.7, AC023511.17, AC006285.11, AL391137.11, AL022323.7, AP001667.1, AP001714.1, AP001687.1, U67229.1, AP001972.4, AC008101.15, AC005291.1, AL163249.2, AL033378.12, AC005539.1, AP001694.1, AC002430.1, AC005358.1, AC007620.30, AC034193.4, U63313.1, AC004751.1, AP003357.2, AL356244.12, AL121899.37, AC022432.4, AC006006.2, AC009179.17, AC007318.4, AJ010770.1, AC027319.5, AL354720.14, AL135839.15, AF109907.1, Z82244.1, AL157938.22, AL139039.17, AL021453.1, AC012003.9, AC011484.4, AC002565.1, AL021154.1, AJ010598.1, AL161656.20, AP001717.1, AC018507.3, AL161742.7, AL355516.12, AC087071.2, AL158194.16, AL391807.13, AP000345.1, AL049869.6, AC004992.1, U91326.1, AC018808.4, AC022383.3, AC004547.1, AL450104.14, AC010102.3, AC010679.6, AL139385.12, AL365232.24, Z95152.1, AF196779.1, AC005907.1, AC010650.8, AP000755.4, AC004534.1, Z95116.1, AC005911.6, AL358214.10, AC007193.1,

					AP001835.4, AC005252.1, AC004008.1, AL133551.13, AC009947.2, AL096862.18, AC016027.15, AC006435.7, AC090952.2, AC020893.5, AC027458.4, AL132780.5, AP000517.1, AC006597.2, AL133279.7, AC019233.7, AC006040.3, AC005859.1, AC007272.3, AL135924.11, D83989.1, AC005914.1, AL121900.26, AC016697.8, AL022476.2, AC003101.1, AL135752.6, AL139809.16, AL031286.1, AC007324.55, AC006448.14, AL161799.19, AC008891.7, AC011497.6, AL138885.21, AL365475.1, AL357034.18, AC005412.6, Z69917.1, AC016830.5, AP001700.1, AL136338.4, AC073492.18, AC005393.1, AL035411.27, AC007561.4, AL354932.26, AL080242.11, AC020901.8, AC034198.6, AC004686.1, AL139021.6, AP000959.2, AL138726.12, AC004166.12, AC007014.1, AL353807.18, AL035659.22, AL049692.13, AC016601.6, AC005189.1, AL391833.10, AC005209.1, AC078878.20, AL450265.11, AC004678.1, AC011286.7, AC005940.3, AL162853.17, AC018719.4, AC084865.2, AP001716.1, AC004019.20, AL023280.1, AF200465.1, AL023807.6, AL359835.10, AC005375.4, AL451075.15, AC004213.1, AL136358.13, AC005694.3, AC026391.6, AC023473.3, AL356094.11, AC009144.5, AC015801.25, AL162426.20, AC005900.1, AC078846.2, AE006462.1, AL359236.4, AL356481.16, AC016894.7, AL355497.14, AL136969.7, AL359265.8, AP003466.2, AL008715. 1.

Description of Table 4

Table 4 provides a key to the tissue/cell source identifier code disclosed in Table 1B.2, column 5. Column 1 of Table 4 provides the tissue/cell source identifier code disclosed in Table 1B.2, Column 5. Columns 2-5 provide a description of the tissue or cell source. Note that "Description" and "Tissue" sources (i.e. columns 2 and 3) having the prefix "a_" indicates organs, tissues, or cells derived from "adult" sources. Codes corresponding to diseased tissues are indicated in column 6 with the word "disease." The use of the word "disease" in column 6 is non-limiting. The tissue or cell source may be specific (e.g. a neoplasm), or may be disease-associated (e.g., a tissue sample from a normal portion of a diseased organ). Furthermore, tissues and/or cells lacking the "disease" designation may still be derived from sources directly or indirectly involved in a disease state or disorder, and therefore may have a further utility in that disease state or disorder. In numerous cases where the tissue/cell source is a library, column 7 identifies the vector use d to generate the library.

Table 4

Code	Description	Tissue	Organ	Cell Line	Disease	Vector
AR022	a_Heart	a_Heart				
AR023	a_Liver	a_Liver				
AR024	a_mammary gland	a_mammary gland				
AR025	a_Prostate	a_Prostate				
AR026	a_small intestine	a_small intestine				
AR027	a_Stomach	a_Stomach				
AR028	Blood B cells	Blood B cells				
AR029	Blood B cells activated	Blood B cells activated				
AR030	Blood B cells resting	Blood B cells resting				
AR031	Blood T cells activated	Blood T cells activated				
AR032	Blood T cells resting	Blood T cells resting				
AR033	brain	brain				
AR034	breast	breast				
AR035	breast cancer	breast cancer				
AR036	Cell Line CAOV3	Cell Line CAOV3				
AR037	cell line PA-1	cell line PA-1				
AR038	cell line transformed	cell line transformed				
AR039	colon	colon				
AR040	colon (9808co65R)	colon (9808co65R)				
AR041	colon (9809co15)	colon (9809co15)				
AR042	colon cancer	colon cancer				
AR043	colon cancer (9808co64R)	colon cancer (9808co64R)				
AR044	colon cancer 9809co14	colon cancer 9809co14				
AR050	Donor II B Cells 24hrs	Donor II B Cells 24hrs				
AR051	Donor II B Cells 72hrs	Donor II B Cells 72hrs				
AR052	Donor II B-Cells 24 hrs.	Donor II B-Cells 24 hrs.				
AR053	Donor II B-Cells 72hrs	Donor II B-Cells 72hrs				

AR054	Donor II Resting B Cells	Donor II Resting B Cells				
AR055	Heart	Heart				
AR056	Human Lung (clonetech)	Human Lung (clonetech)				
AR057	Human Mammary (~~clontech~~CLONTECH™)	Human Mammary (~~clontech~~CLONTECH™)				
AR058	Human Thymus (clonetech)	Human Thymus (clonetech)				
AR059	Jurkat (unstimulated)	Jurkat (unstimulated)				
AR060	Kidney	Kidney				
AR061	Liver	Liver				
AR062	Liver (~~Clontech~~CLONTECH™)	Liver (~~Clontech~~CLONTECH™)				
AR063	Lymphocytes chronic lymphocytic leukaemia	Lymphocytes chronic lymphocytic leukaemia				
AR064	Lymphocytes diffuse large B cell lymphoma	Lymphocytes diffuse large B cell lymphoma				
AR065	Lymphocytes follicular lymphoma	Lymphocytes follicular lymphoma				
AR066	normal breast	normal breast				
AR067	Normal Ovarian (4004901)	Normal Ovarian (4004901)				
AR068	Normal Ovary 9508G045	Normal Ovary 9508G045				
AR069	Normal Ovary 9701G208	Normal Ovary 9701G208				
AR070	Normal Ovary 9806G005	Normal Ovary 9806G005				
AR071	Ovarian Cancer	Ovarian Cancer				
AR072	Ovarian Cancer (9702G001)	Ovarian Cancer (9702G001)				
AR073	Ovarian Cancer (9707G029)	Ovarian Cancer (9707G029)				
AR074	Ovarian Cancer (9804G011)	Ovarian Cancer (9804G011)				

AR075	Ovarian Cancer (9806G019)	Ovarian Cancer (9806G019)				
AR076	Ovarian Cancer (9807G017)	Ovarian Cancer (9807G017)				
AR077	Ovarian Cancer (9809G001)	Ovarian Cancer (9809G001)				
AR078	ovarian cancer 15799	ovarian cancer 15799				
AR079	Ovarian Cancer 17717AID	Ovarian Cancer 17717AID				
AR080	Ovarian Cancer 4004664B1	Ovarian Cancer 4004664B1				
AR081	Ovarian Cancer 4005315A1	Ovarian Cancer 4005315A1				
AR082	ovarian cancer 94127303	ovarian cancer 94127303				
AR083	Ovarian Cancer 96069304	Ovarian Cancer 96069304				
AR084	Ovarian Cancer 9707G029	Ovarian Cancer 9707G029				
AR085	Ovarian Cancer 9807G045	Ovarian Cancer 9807G045				
AR086	ovarian cancer 9809G001	ovarian cancer 9809G001				
AR087	Ovarian Cancer 9905C032RC	Ovarian Cancer 9905C032RC				
AR088	Ovarian cancer 9907 C00 3rd	Ovarian cancer 9907 C00 3rd				
AR089	Prostate	Prostate				
AR090	Prostate (clonetech)	Prostate (clonetech)				
AR091	prostate cancer	prostate cancer				
AR092	prostate cancer #15176	prostate cancer #15176				
AR093	prostate cancer #15509	prostate cancer #15509				
AR094	prostate cancer #15673	prostate cancer #15673				
AR095	Small Intestine	Small Intestine				

	(~~Clontech~~CLONTECH™)	(~~Clontech~~CLONTECH™)				
AR096	Spleen	Spleen				
AR097	Thymus T cells activated	Thymus T cells activated				
AR098	Thymus T cells resting	Thymus T cells resting				
AR099	Tonsil	Tonsil				
AR100	Tonsil geminal center centroblast	Tonsil geminal center centroblast				
AR101	Tonsil germinal center B cell	Tonsil germinal center B cell				
AR102	Tonsil lymph node	Tonsil lymph node				
AR103	Tonsil memory B cell	Tonsil memory B cell				
AR104	Whole Brain	Whole Brain				
AR105	Xenograft ES-2	Xenograft ES-2				
AR106	Xenograft SW626	Xenograft SW626				
AR119	001: IL-2	001: IL-2				
AR120	001: IL-2.1	001: IL-2.1				
AR121	001: IL-2_b	001: IL-2_b				
AR124	002 : Monocytes untreated (1hr)	002 : Monocytes untreated (1hr)				
AR125	002 : Monocytes untreated (5hrs)	002 : Monocytes untreated (5hrs)				
AR126	002: Control.1C	002: Control.1C				
AR127	002: IL2.1C	002: IL2.1C				
AR130	003 : Placebo-treated Rat Lacrimal Gland	003 : Placebo-treated Rat Lacrimal Gland				
AR131	003 : Placebo-treated Rat Submandibular Gland	003 : Placebo-treated Rat Submandibular Gland				
AR135	004 : Monocytes untreated (5hrs)	004 : Monocytes untreated (5hrs)				
AR136	004 : Monocytes untreated 1hr	004 : Monocytes untreated 1hr				
AR139	005: Placebo (48hrs)	005: Placebo (48hrs)				

AR140	006: pC4 (24hrs)	006: pC4 (24hrs)				
AR141	006: pC4 (48hrs)	006: pC4 (48hrs)				
AR152	007: PHA(1hr)	007: PHA(1hr)				
AR153	007: PHA(6HRS)	007: PHA(6HRS)				
AR154	007: PMA(6hrs)	007: PMA(6hrs)				
AR155	008: 1449_#2	008: 1449_#2				
AR161	01: A - max 24	01: A - max 24				
AR162	01: A - max 26	01: A - max 26				
AR163	01: A - max 30	01: A - max 30				
AR164	01: B - max 24	01: B - max 24				
AR165	01: B - max 26	01: B - max 26				
AR166	01: B - max 30	01: B - max 30				
AR167	1449 Sample	1449 Sample				
AR168	3T3P10 1.0uM insulin	3T3P10 1.0uM insulin				
AR169	3T3P10 10nM Insulin	3T3P10 10nM Insulin				
AR170	3T3P10 10uM insulin	3T3P10 10uM insulin				
AR171	3T3P10 No Insulin	3T3P10 No Insulin				
AR172	3T3P4	3T3P4				
AR173	Adipose (41892)	Adipose (41892)				
AR174	Adipose Diabetic (41611)	Adipose Diabetic (41611)				
AR175	Adipose Diabetic (41661)	Adipose Diabetic (41661)				
AR176	Adipose Diabetic (41689)	Adipose Diabetic (41689)				
AR177	Adipose Diabetic (41706)	Adipose Diabetic (41706)				
AR178	Adipose Diabetic (42352)	Adipose Diabetic (42352)				
AR179	Adipose Diabetic (42366)	Adipose Diabetic (42366)				
AR180	Adipose Diabetic	Adipose Diabetic (42452)				

	(42452)					
AR181	Adipose Diabetic (42491)	Adipose Diabetic (42491)				
AR182	Adipose Normal (41843)	Adipose Normal (41843)				
AR183	Adipose Normal (41893)	Adipose Normal (41893)				
AR184	Adipose Normal (42452)	Adipose Normal (42452)				
AR185	Adrenal Gland	Adrenal Gland				
AR186	Adrenal Gland + Whole Brain	Adrenal Gland + Whole Brain				
AR187	B7(1hr)+ (inverted)	B7(1hr)+ (inverted)				
AR188	Breast (18275A2B)	Breast (18275A2B)				
AR189	Breast (4004199)	Breast (4004199)				
AR190	Breast (4004399)	Breast (4004399)				
AR191	Breast (4004943B7)	Breast (4004943B7)				
AR192	Breast (4005570B1)	Breast (4005570B1)				
AR193	Breast Cancer (4004127A30)	Breast Cancer (4004127A30)				
AR194	Breast Cancer (400443A21)	Breast Cancer (400443A21)				
AR195	Breast Cancer (4004643A2)	Breast Cancer (4004643A2)				
AR196	Breast Cancer (4004710A7)	Breast Cancer (4004710A7)				
AR197	Breast Cancer (4004943A21)	Breast Cancer (4004943A21)				
AR198	Breast Cancer (400553A2)	Breast Cancer (400553A2)				
AR199	Breast Cancer (9805C046R)	Breast Cancer (9805C046R)				
AR200	Breast Cancer (9806C012R)	Breast Cancer (9806C012R)				
AR201	Breast Cancer (ODQ 45913)	Breast Cancer (ODQ 45913)				

AR202	Breast Cancer (ODQ45913)	Breast Cancer (ODQ45913)				
AR203	Breast Cancer (ODQ4591B)	Breast Cancer (ODQ4591B)				
AR204	Colon Cancer (15663)	Colon Cancer (15663)				
AR205	Colon Cancer (4005144A4)	Colon Cancer (4005144A4)				
AR206	Colon Cancer (4005413A4)	Colon Cancer (4005413A4)				
AR207	Colon Cancer (4005570B1)	Colon Cancer (4005570B1)				
AR208	Control RNA #1	Control RNA #1				
AR209	Control RNA #2	Control RNA #2				
AR210	Cultured Preadipocyte (blue)	Cultured Preadipocyte (blue)				
AR211	Cultured Preadipocyte (Red)	Cultured Preadipocyte (Red)				
AR212	Donor II B-Cells 24hrs	Donor II B-Cells 24hrs				
AR213	Donor II Resting B-Cells	Donor II Resting B-Cells				
AR214	H114EP12 10nM Insulin	H114EP12 10nM Insulin				
AR215	H114EP12 (10nM insulin)	H114EP12 (10nM insulin)				
AR216	H114EP12 (2.6ug/ul)	H114EP12 (2.6ug/ul)				
AR217	H114EP12 (3.6ug/ul)	H114EP12 (3.6ug/ul)				
AR218	HUVEC #1	HUVEC #1				
AR219	HUVEC #2	HUVEC #2				
AR221	L6 undiff.	L6 undiff.				
AR222	L6 Undifferentiated	L6 Undifferentiated				
AR223	L6P8 + 10nM Insulin	L6P8 + 10nM Insulin				
AR224	L6P8 + HS	L6P8 + HS				
AR225	L6P8 10nM Insulin	L6P8 10nM Insulin				
AR226	Liver (00-06-A007B)	Liver (00-06-A007B)				

AR227	Liver (96-02-A075)	Liver (96-02-A075)				
AR228	Liver (96-03-A144)	Liver (96-03-A144)				
AR229	Liver (96-04-A138)	Liver (96-04-A138)				
AR230	Liver (97-10-A074B)	Liver (97-10-A074B)				
AR231	Liver (98-09-A242A)	Liver (98-09-A242A)				
AR232	Liver Diabetic (1042)	Liver Diabetic (1042)				
AR233	Liver Diabetic (41616)	Liver Diabetic (41616)				
AR234	Liver Diabetic (41955)	Liver Diabetic (41955)				
AR235	Liver Diabetic (42352R)	Liver Diabetic (42352R)				
AR236	Liver Diabetic (42366)	Liver Diabetic (42366)				
AR237	Liver Diabetic (42483)	Liver Diabetic (42483)				
AR238	Liver Diabetic (42491)	Liver Diabetic (42491)				
AR239	Liver Diabetic (99-09-A281A)	Liver Diabetic (99-09-A281A)				
AR240	Lung	Lung				
AR241	Lung (27270)	Lung (27270)				
AR242	Lung (2727Q)	Lung (2727Q)				
AR243	Lung Cancer (4005116A1)	Lung Cancer (4005116A1)				
AR244	Lung Cancer (4005121A5)	Lung Cancer (4005121A5)				
AR245	Lung Cancer (4005121A5))	Lung Cancer (4005121A5))				
AR246	Lung Cancer (4005340A4)	Lung Cancer (4005340A4)				
AR247	Mammary Gland	Mammary Gland				
AR248	Monocyte (CT)	Monocyte (CT)				
AR249	Monocyte (OCT)	Monocyte (OCT)				
AR250	Monocytes (CT)	Monocytes (CT)				
AR251	Monocytes (INFG 18 hr)	Monocytes (INFG 18 hr)				
AR252	Monocytes (INFG 18hr)	Monocytes (INFG 18hr)				
AR253	Monocytes (INFG 8-11)	Monocytes (INFG 8-11)				

AR254	Monocytes (O CT)	Monocytes (O CT)				
AR255	Muscle (91-01-A105)	Muscle (91-01-A105)				
AR256	Muscle (92-04-A059)	Muscle (92-04-A059)				
AR257	Muscle (97-11-A056d)	Muscle (97-11-A056d)				
AR258	Muscle (99-06-A210A)	Muscle (99-06-A210A)				
AR259	Muscle (99-07-A203B)	Muscle (99-07-A203B)				
AR260	Muscle (99-7-A203B)	Muscle (99-7-A203B)				
AR261	Muscle Diabetic (42352R)	Muscle Diabetic (42352R)				
AR262	Muscle Diabetic (42366)	Muscle Diabetic (42366)				
AR263	NK-19 Control	NK-19 Control				
AR264	NK-19 IL Treated 72hrs	NK-19 IL Treated 72hrs				
AR265	NK-19 UK Treated 72 hrs.	NK-19 UK Treated 72 hrs.				
AR266	Omentum Normal (94-08-B009)	Omentum Normal (94-08-B009)				
AR267	Omentum Normal (97-01-A039A)	Omentum Normal (97-01-A039A)				
AR268	Omentum Normal (97-04-A114C)	Omentum Normal (97-04-A114C)				
AR269	Omentum Normal (97-06-A117C)	Omentum Normal (97-06-A117C)				
AR270	Omentum Normal (97-09-B004C)	Omentum Normal (97-09-B004C)				
AR271	Ovarian Cancer (17717AID)	Ovarian Cancer (17717AID)				
AR272	Ovarian Cancer (9905C023RC)	Ovarian Cancer (9905C023RC)				
AR273	Ovarian Cancer (9905C032RC)	Ovarian Cancer (9905C032RC)				
AR274	Ovary (9508G045)	Ovary (9508G045)				
AR275	Ovary (9701G208)	Ovary (9701G208)				
AR276	Ovary 9806G005	Ovary 9806G005				

AR277	Pancreas	Pancreas				
AR278	Placebo	Placebo				
AR279	rIL2 Control	rIL2 Control				
AR280	RSS288L	RSS288L				
AR281	RSS288LC	RSS288LC				
AR282	Salivary Gland	Salivary Gland				
AR283	Skeletal Muscle	Skeletal Muscle				
AR284	Skeletal Muscle (91-01-A105)	Skeletal Muscle (91-01-A105)				
AR285	Skeletal Muscle (42180)	Skeletal Muscle (42180)				
AR286	Skeletal Muscle (42386)	Skeletal Muscle (42386)				
AR287	Skeletal Muscle (42461)	Skeletal Muscle (42461)				
AR288	Skeletal Muscle (91-01-A105)	Skeletal Muscle (91-01-A105)				
AR289	Skeletal Muscle (92-04-A059)	Skeletal Muscle (92-04-A059)				
AR290	Skeletal Muscle (96-08-A171)	Skeletal Muscle (96-08-A171)				
AR291	Skeletal Muscle (97-07-A190A)	Skeletal Muscle (97-07-A190A)				
AR292	Skeletal Muscle Diabetic (42352)	Skeletal Muscle Diabetic (42352)				
AR293	Skeletal Muscle Diabetic (42366)	Skeletal Muscle Diabetic (42366)				
AR294	Skeletal Muscle Diabetic (42395)	Skeletal Muscle Diabetic (42395)				
AR295	Skeletal Muscle Diabetic (42483)	Skeletal Muscle Diabetic (42483)				
AR296	Skeletal Muscle Diabetic (42491)	Skeletal Muscle Diabetic (42491)				
AR297	Skeletal Muscle Diabetic 42352	Skeletal Muscle Diabetic 42352				
AR298	Skeletal Musle (42461)	Skeletal Musle (42461)				

AR299	Small Intestine	Small Intestine				
AR300	Stomach	Stomach				
AR301	T-Cell + HDPBQ71.fc 1449 16hrs	T-Cell + HDPBQ71.fc 1449 16hrs				
AR302	T-Cell + HDPBQ71.fc 1449 6hrs	T-Cell + HDPBQ71.fc 1449 6hrs				
AR303	T-Cell + IL2 16hrs	T-Cell + IL2 16hrs				
AR304	T-Cell + IL2 6hrs	T-Cell + IL2 6hrs				
AR306	T-Cell Untreated 16hrs	T-Cell Untreated 16hrs				
AR307	T-Cell Untreated 6hrs	T-Cell Untreated 6hrs				
AR308	T-Cells 24 hours	T-Cells 24 hours				
AR309	T-Cells 24 hrs	T-Cells 24 hrs				
AR310	T-Cells 24 hrs.	T-Cells 24 hrs.				
AR311	T-Cells 24hrs	T-Cells 24hrs				
AR312	T-Cells 4 days	T-Cells 4 days				
AR313	Thymus	Thymus				
AR314	TRE	TRE				
AR315	TREC	TREC				
AR317	B lymphocyte,	B lymphocyte,				
AR318	(non-T; non-B)	(non-T; non-B)				
AR326	001 - 293 RNA (Vector Control)	001 - 293 RNA (Vector Control)				
AR327	001: Control	001: Control				
AR328	001: Control.1	001: Control.1				
AR355	Acute Lymphocyte Leukemia	Acute Lymphocyte Leukemia				
AR356	AML Patient #11	AML Patient #11				
AR357	AML Patient #2	AML Patient #2				
AR358	AML Patient #2 SGAH	AML Patient #2 SGAH				
AR359	AML Patient#2	AML Patient#2				
AR360	Aorta	Aorta				
AR361	B Cell	B Cell				

AR362	B lymphoblast	B lymphoblast				
AR363	B lymphocyte	B lymphocyte				
AR364	B lymphocytes	B lymphocytes				
AR365	B-cell	B-cell				
AR366	B-Cells	B-Cells				
AR367	B-Lymphoblast	B-Lymphoblast				
AR368	B-Lymphocytes	B-Lymphocytes				
AR369	Bladder	Bladder				
AR370	Bone Marrow	Bone Marrow				
AR371	Bronchial Epithelial Cell	Bronchial Epithelial Cell				
AR372	Bronchial Epithelial Cells	Bronchial Epithelial Cells				
AR373	Caco-2A	Caco-2A				
AR374	Caco-2B	Caco-2B				
AR375	Caco-2C	Caco-2C				
AR376	Cardiac #1	Cardiac #1				
AR377	Cardiac #2	Cardiac #2				
AR378	Chest Muscle	Chest Muscle				
AR381	Dendritic Cell	Dendritic Cell				
AR382	Dendritic cells	Dendritic cells				
AR383	E.coli	E.coli				
AR384	Epithelial Cells	Epithelial Cells				
AR385	Esophagus	Esophagus				
AR386	FPPS	FPPS				
AR387	FPPSC	FPPSC				
AR388	HepG2 Cell Line	HepG2 Cell Line				
AR389	HepG2 Cell line Buffer 1 hr.	HepG2 Cell line Buffer 1 hr.				
AR390	HepG2 Cell line Buffer 06 hr	HepG2 Cell line Buffer 06 hr				
AR391	HepG2 Cell line Buffer 24 hr.	HepG2 Cell line Buffer 24 hr.				

AR392	HepG2 Cell line Insulin 01 hr.	HepG2 Cell line Insulin 01 hr.				
AR393	HepG2 Cell line Insulin 06 hr.	HepG2 Cell line Insulin 06 hr.				
AR394	HepG2 Cell line Insulin 24 hr.	HepG2 Cell line Insulin 24 hr.				
AR398	HMC-1	HMC-1				
AR399	HMCS	HMCS				
AR400	HMSC	HMSC				
AR401	HUVEC #3	HUVEC #3				
AR402	HUVEC #4	HUVEC #4				
AR404	KIDNEY NORMAL	KIDNEY NORMAL				
AR405	KIDNEY TUMOR	KIDNEY TUMOR				
AR406	KIDNEY TUMOR					
AR407	Lymph Node	Lymph Node				
AR408	Macrophage	Macrophage				
AR409	Megakarioblast	Megakarioblast				
AR410	Monocyte	Monocyte				
AR411	Monocytes	Monocytes				
AR412	Myocardium	Myocardium				
AR413	Myocardium #3	Myocardium #3				
AR414	Myocardium #4	Myocardium #4				
AR415	Myocardium #5	Myocardium #5				
AR416	NK	NK				
AR417	NK cell	NK cell				
AR418	NK cells	NK cells				
AR419	NKYa	NKYa				
AR420	NKYa019	NKYa019				
AR421	Ovary	Ovary				
AR422	Patient #11	Patient #11				

AR423	Peripheral blood	Peripheral blood				
AR424	Primary Adipocytes	Primary Adipocytes				
AR425	Promyeloblast	Promyeloblast				
AR427	RSSWT	RSSWT				
AR428	RSSWTC	RSSWTC				
AR429	SW 480(G1)	SW 480(G1)				
AR430	SW 480(G2)	SW 480(G2)				
AR431	SW 480(G3)	SW 480(G3)				
AR432	SW 480(G4)	SW 480(G4)				
AR433	SW 480(G5)	SW 480(G5)				
AR434	T Lymphoblast	T Lymphoblast				
AR435	T Lymphocyte	T Lymphocyte				
AR436	T-Cell	T-Cell				
AR438	T-Cell,	T-Cell,				
AR439	T-Cells	T-Cells				
AR440	T-lymphoblast	T-lymphoblast				
AR441	Th 1	Th 1				
AR442	Th 2	Th 2				
AR443	Th1	Th1				
AR444	Th2	Th2				
H0002	Human Adult Heart	Human Adult Heart	Heart			Uni-ZAP XR
H0004	Human Adult Spleen	Human Adult Spleen	Spleen			Uni-ZAP XR
H0007	Human Cerebellum	Human Cerebellum	Brain			Uni-ZAP XR
H0008	Whole 6 Week Old Embryo					Uni-ZAP XR
H0009	Human Fetal Brain					Uni-ZAP XR
H0011	Human Fetal Kidney	Human Fetal Kidney	Kidney			Uni-ZAP XR
H0012	Human Fetal Kidney	Human Fetal Kidney	Kidney			Uni-ZAP XR
H0013	Human 8 Week Whole Embryo	Human 8 Week Old Embryo	Embryo			Uni-ZAP XR
H0014	Human Gall Bladder	Human Gall Bladder	Gall Bladder			Uni-ZAP XR
H0015	Human Gall Bladder,	Human Gall Bladder	Gall Bladder			Uni-ZAP XR

	fraction II					
H0016	Human Greater Omentum	Human Greater Omentum	peritoneum			Uni-ZAP XR
H0017	Human Greater Omentum	Human Greater Omentum	peritoneum			Uni-ZAP XR
H0020	Human Hippocampus	Human Hippocampus	Brain			Uni-ZAP XR
H0022	Jurkat Cells	Jurkat T-Cell Line				Lambda ZAP II
H0023	Human Fetal Lung					Uni-ZAP XR
H0024	Human Fetal Lung III	Human Fetal Lung	Lung			Uni-ZAP XR
H0025	Human Adult Lymph Node	Human Adult Lymph Node	Lymph Node			Lambda ZAP II
H0026	Namalwa Cells	Namalwa B-Cell Line, EBV immortalized				Lambda ZAP II
H0030	Human Placenta					Uni-ZAP XR
H0031	Human Placenta	Human Placenta	Placenta			Uni-ZAP XR
H0032	Human Prostate	Human Prostate	Prostate			Uni-ZAP XR
H0033	Human Pituitary	Human Pituitary				Uni-ZAP XR
H0036	Human Adult Small Intestine	Human Adult Small Intestine	Small Int.			Uni-ZAP XR
H0038	Human Testes	Human Testes	Testis			Uni-ZAP XR
H0039	Human Pancreas Tumor	Human Pancreas Tumor	Pancreas		disease	Uni-ZAP XR
H0040	Human Testes Tumor	Human Testes Tumor	Testis		disease	Uni-ZAP XR
H0041	Human Fetal Bone	Human Fetal Bone	Bone			Uni-ZAP XR
H0042	Human Adult Pulmonary	Human Adult Pulmonary	Lung			Uni-ZAP XR
H0044	Human Cornea	Human Cornea	eye			Uni-ZAP XR
H0045	Human Esophagus, Cancer	Human Esophagus, cancer	Esophagus		disease	Uni-ZAP XR
H0046	Human Endometrial Tumor	Human Endometrial Tumor	Uterus		disease	Uni-ZAP XR
H0047	Human Fetal Liver	Human Fetal Liver	Liver			Uni-ZAP XR
H0048	Human Pineal Gland	Human Pineal Gland				Uni-ZAP XR
H0050	Human Fetal Heart	Human Fetal Heart	Heart			Uni-ZAP XR

H0051	Human Hippocampus	Human Hippocampus	Brain			Uni-ZAP XR
H0052	Human Cerebellum	Human Cerebellum	Brain			Uni-ZAP XR
H0056	Human Umbilical Vein, Endo. remake	Human Umbilical Vein Endothelial Cells	Umbilical vein			Uni-ZAP XR
H0057	Human Fetal Spleen					Uni-ZAP XR
H0058	Human Thymus Tumor	Human Thymus Tumor	Thymus		disease	Lambda ZAP II
H0059	Human Uterine Cancer	Human Uterine Cancer	Uterus		disease	Lambda ZAP II
H0060	Human Macrophage	Human Macrophage	Blood	Cell Line		pBluescriptpBLUESCRIPT™
H0061	Human Macrophage	Human Macrophage	Blood	Cell Line		pBluescriptpBLUESCRIPT™
H0063	Human Thymus	Human Thymus	Thymus			Uni-ZAP XR
H0065	Human Esophagus, Normal	Human Esophagus, normal	Esophagus			Uni-ZAP XR
H0068	Human Skin Tumor	Human Skin Tumor	Skin		disease	Uni-ZAP XR
H0069	Human Activated T-Cells	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0070	Human Pancreas	Human Pancreas	Pancreas			Uni-ZAP XR
H0071	Human Infant Adrenal Gland	Human Infant Adrenal Gland	Adrenal gland			Uni-ZAP XR
H0075	Human Activated T-Cells (II)	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0076	Human Membrane Bound Polysomes	Human Membrane Bound Polysomes	Blood	Cell Line		Uni-ZAP XR
H0078	Human Lung Cancer	Human Lung Cancer	Lung		disease	Lambda ZAP II
H0081	Human Fetal Epithelium (Skin)	Human Fetal Skin	Skin			Uni-ZAP XR
H0083	HUMAN JURKAT MEMBRANE BOUND POLYSOMES	Jurkat Cells				Uni-ZAP XR
H0085	Human Colon	Human Colon				Lambda ZAP II
H0086	Human epithelioid sarcoma	Epithelioid Sarcoma, muscle	Sk Muscle		disease	Uni-ZAP XR

H0087	Human Thymus	Human Thymus				pBluescriptpBLUESCRIPT™
H0090	Human T-Cell Lymphoma	T-Cell Lymphoma	T-Cell		disease	Uni-ZAP XR
H0097	Human Adult Heart, subtracted	Human Adult Heart	Heart			pBluescriptpBLUESCRIPT™
H0098	Human Adult Liver, subtracted	Human Adult Liver	Liver			Uni-ZAP XR
H0099	Human Lung Cancer, subtracted	Human Lung Cancer	Lung			pBluescriptpBLUESCRIPT™
H0100	Human Whole Six Week Old Embryo	Human Whole Six Week Old Embryo	Embryo			Uni-ZAP XR
H0102	Human Whole 6 Week Old Embryo (II), subt	Human Whole Six Week Old Embryo	Embryo			pBluescriptpBLUESCRIPT™
H0103	Human Fetal Brain, subtracted	Human Fetal Brain	Brain			Uni-ZAP XR
H0107	Human Infant Adrenal Gland, subtracted	Human Infant Adrenal Gland	Adrenal gland			pBluescriptpBLUESCRIPT™
H0108	Human Adult Lymph Node, subtracted	Human Adult Lymph Node	Lymph Node			Uni-ZAP XR
H0109	Human Macrophage, subtracted	Macrophage	Blood	Cell Line		pBluescriptpBLUESCRIPT™
H0110	Human Old Ovary, subtracted	Human Old Ovary	Ovary			pBluescriptpBLUESCRIPT™
H0111	Human Placenta, subtracted	Human Placenta	Placenta			pBluescriptpBLUESCRIPT™
H0116	Human Thymus Tumor, subtracted	Human Thymus Tumor	Thymus			pBluescriptpBLUESCRIPT™
H0118	Human Adult Kidney	Human Adult Kidney	Kidney			Uni-ZAP XR
H0120	Human Adult Spleen, subtracted	Human Adult Spleen	Spleen			Uni-ZAP XR
H0121	Human Cornea, subtracted	Human Cornea	eye			Uni-ZAP XR

H0122	Human Adult Skeletal Muscle	Human Skeletal Muscle	Sk Muscle			Uni-ZAP XR
H0123	Human Fetal Dura Mater	Human Fetal Dura Mater	Brain			Uni-ZAP XR
H0124	Human Rhabdomyosarcoma	Human Rhabdomyosarcoma	Sk Muscle		disease	Uni-ZAP XR
H0125	Cem cells cyclohexamide treated	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		Uni-ZAP XR
H0128	Jurkat cells, thiouridine activated	Jurkat Cells				Uni-ZAP XR
H0130	LNCAP untreated	LNCAP Cell Line	Prostate	Cell Line		Uni-ZAP XR
H0131	LNCAP + o.3nM R1881	LNCAP Cell Line	Prostate	Cell Line		Uni-ZAP XR
H0132	LNCAP + 30nM R1881	LNCAP Cell Line	Prostate	Cell Line		Uni-ZAP XR
H0134	Raji Cells, cyclohexamide treated	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		Uni-ZAP XR
H0135	Human Synovial Sarcoma	Human Synovial Sarcoma	Synovium			Uni-ZAP XR
H0136	Supt Cells, cyclohexamide treated	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		Uni-ZAP XR
H0139	Activated T-Cells, 4 hrs.	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0140	Activated T-Cells, 8 hrs.	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0141	Activated T-Cells, 12 hrs.	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0144	Nine Week Old Early Stage Human	9 Wk Old Early Stage Human	Embryo			Uni-ZAP XR
H0147	Human Adult Liver	Human Adult Liver	Liver			Uni-ZAP XR
H0149	7 Week Old Early Stage Human, subtracted	Human Whole 7 Week Old Embryo	Embryo			Uni-ZAP XR
H0150	Human Epididymus	Epididymis	Testis			Uni-ZAP XR
H0151	Early Stage Human Liver	Human Fetal Liver	Liver			Uni-ZAP XR
H0154	Human Fibrosarcoma	Human Skin Fibrosarcoma	Skin		disease	Uni-ZAP XR

H0156	Human Adrenal Gland Tumor	Human Adrenal Gland Tumor	Adrenal Gland		disease	Uni-ZAP XR
H0158	Activated T-Cells, 4 hrs., ligation 2	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0159	Activated T-Cells, 8 hrs., ligation 2	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0161	Activated T-Cells, 24 hrs., ligation 2	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0163	Human Synovium	Human Synovium	Synovium			Uni-ZAP XR
H0165	Human Prostate Cancer, Stage B2	Human Prostate Cancer, stage B2	Prostate		disease	Uni-ZAP XR
H0166	Human Prostate Cancer, Stage B2 fraction	Human Prostate Cancer, stage B2	Prostate		disease	Uni-ZAP XR
H0167	Activated T-Cells, 24 hrs.	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0169	Human Prostate Cancer, Stage C fraction	Human Prostate Cancer, stage C	Prostate		disease	Uni-ZAP XR
H0170	12 Week Old Early Stage Human	Twelve Week Old Early Stage Human	Embryo			Uni-ZAP XR
H0171	12 Week Old Early Stage Human, II	Twelve Week Old Early Stage Human	Embryo			Uni-ZAP XR
H0172	Human Fetal Brain, random primed	Human Fetal Brain	Brain			Lambda ZAP II
H0176	CAMA1Ee Cell Line	CAMA1Ee Cell Line	Breast	Cell Line		Uni-ZAP XR
H0177	CAMA1Ee Cell Line	CAMA1Ee Cell Line	Breast	Cell Line		Uni-ZAP XR
H0178	Human Fetal Brain	Human Fetal Brain	Brain			Uni-ZAP XR
H0179	Human Neutrophil	Human Neutrophil	Blood	Cell Line		Uni-ZAP XR
H0180	Human Primary Breast Cancer	Human Primary Breast Cancer	Breast		disease	Uni-ZAP XR
H0181	Human Primary Breast Cancer	Human Primary Breast Cancer	Breast		disease	Uni-ZAP XR
H0182	Human Primary Breast Cancer	Human Primary Breast Cancer	Breast		disease	Uni-ZAP XR

H0183	Human Colon Cancer	Human Colon Cancer	Colon		disease	Uni-ZAP XR
H0184	Human Colon Cancer, metasticized to live	Human Colon Cancer, metasticized to liver	Liver		disease	Lambda ZAP II
H0187	Resting T-Cell	T-Cells	Blood	Cell Line		Lambda ZAP II
H0188	Human Normal Breast	Human Normal Breast	Breast			Uni-ZAP XR
H0189	Human Resting Macrophage	Human Macrophage/Monocytes	Blood	Cell Line		Uni-ZAP XR
H0190	Human Activated Macrophage (LPS)	Human Macrophage/Monocytes	Blood	Cell Line		Uni-ZAP XR
H0192	Cem Cells, cyclohexamide treated, subtra	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		Uni-ZAP XR
H0194	Human Cerebellum, subtracted	Human Cerebellum	Brain			~~pBluescript~~pBLUESCRIPT™
H0196	Human Cardiomyopathy, subtracted	Human Cardiomyopathy	Heart			Uni-ZAP XR
H0197	Human Fetal Liver, subtracted	Human Fetal Liver	Liver			Uni-ZAP XR
H0199	Human Fetal Liver, subtracted, neg clone	Human Fetal Liver	Liver			Uni-ZAP XR
H0200	Human Greater Omentum, fract II remake,	Human Greater Omentum	peritoneum			Uni-ZAP XR
H0201	Human Hippocampus, subtracted	Human Hippocampus	Brain			~~pBluescript~~pBLUESCRIPT™
H0202	Jurkat Cells, cyclohexamide treated, subtraction	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		Uni-ZAP XR
H0204	Human Colon Cancer, subtracted	Human Colon Cancer	Colon			~~pBluescript~~pBLUESCRIPT™
H0205	Human Colon Cancer, differential	Human Colon Cancer	Colon			~~pBluescript~~pBLUESCRIPT™
H0207	LNCAP, differential	LNCAP Cell Line	Prostate	Cell Line		~~pBluescript~~pBLUESCR

	expression					IPT™
H0208	Early Stage Human Lung, subtracted	Human Fetal Lung	Lung			pBluescriptpBLUESCRIPT™
H0209	Human Cerebellum, differentially expressed	Human Cerebellum	Brain			Uni-ZAP XR
H0211	Human Prostate,differential expression	Human Prostate	Prostate			pBluescriptpBLUESCRIPT™
H0212	Human Prostate, subtracted	Human Prostate	Prostate			pBluescriptpBLUESCRIPT™
H0213	Human Pituitary, subtracted	Human Pituitary				Uni-ZAP XR
H0214	Raji cells, cyclohexamide treated, subtracted	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		pBluescriptpBLUESCRIPT™
H0215	Raji cells, cyclohexamide treated, differentially expressed	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		pBluescriptpBLUESCRIPT™
H0216	Supt cells, cyclohexamide treated, subtracted	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		pBluescriptpBLUESCRIPT™
H0217	Supt cells, cyclohexamide treated, differentially expressed	Cyclohexamide Treated Cem, Jurkat, Raji, and Supt	Blood	Cell Line		pBluescriptpBLUESCRIPT™
H0218	Activated T-Cells, 0hrs, subtracted	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0219	Activated T-Cells, 0hrs, differentially expressed	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0220	Activated T-Cells, 4 hrs, subtracted	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0222	Activated T-Cells, 8 hrs, subtracted	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0223	Activated T-Cells, 8 hrs,	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR

	differentially expressed					
H0224	Activated T-Cells, 12 hrs, subtracted	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0225	Activated T-Cells, 12hrs, differentially expressed	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0229	Early Stage Human Brain, random primed	Early Stage Human Brain	Brain			Lambda ZAP II
H0230	Human Cardiomyopathy, diff exp	Human Cardiomyopathy	Heart		disease	Uni-ZAP XR
H0231	Human Colon, subtraction	Human Colon				pBluescriptpBLUESCRIPT™
H0232	Human Colon, differential expression	Human Colon				pBluescriptpBLUESCRIPT™
H0234	human colon cancer, metastatic to liver, differentially expressed	Human Colon Cancer, metasticized to liver	Liver			pBluescriptpBLUESCRIPT™
H0235	Human colon cancer, metaticized to liver, subtraction	Human Colon Cancer, metasticized to liver	Liver			pBluescriptpBLUESCRIPT™
H0239	Human Kidney Tumor	Human Kidney Tumor	Kidney		disease	Uni-ZAP XR
H0240	C7MCF7 cell line, estrogen treated, Differential	C7MCF7 Cell Line, estrogen treated	Breast	Cell Line		Uni-ZAP XR
H0241	C7MCF7 cell line, estrogen treated, subtraction	C7MCF7 Cell Line, estrogen treated	Breast	Cell Line		Uni-ZAP XR
H0242	Human Fetal Heart, Differential (Fetal-Specific)	Human Fetal Heart	Heart			pBluescriptpBLUESCRIPT™
H0244	Human 8 Week Whole Embryo, subtracted	Human 8 Week Old Embryo	Embryo			Uni-ZAP XR
H0246	Human Fetal Liver-Enzyme subtraction	Human Fetal Liver	Liver			Uni-ZAP XR

H0247	Human Membrane Bound Polysomes-Enzyme Subtraction	Human Membrane Bound Polysomes	Blood	Cell Line		Uni-ZAP XR
H0249	HE7, subtracted by hybridization with E7 cDNA	Human Whole 7 Week Old Embryo	Embryo			Uni-ZAP XR
H0250	Human Activated Monocytes	Human Monocytes				Uni-ZAP XR
H0251	Human Chondrosarcoma	Human Chondrosarcoma	Cartilage		disease	Uni-ZAP XR
H0252	Human Osteosarcoma	Human Osteosarcoma	Bone		disease	Uni-ZAP XR
H0253	Human adult testis, large inserts	Human Adult Testis	Testis			Uni-ZAP XR
H0254	Breast Lymph node cDNA library	Breast Lymph Node	Lymph Node			Uni-ZAP XR
H0255	breast lymph node CDNA library	Breast Lymph Node	Lymph Node			Lambda ZAP II
H0256	HL-60, unstimulated	Human HL-60 Cells, unstimulated	Blood	Cell Line		Uni-ZAP XR
H0257	HL-60, PMA 4H	HL-60 Cells, PMA stimulated 4H	Blood	Cell Line		Uni-ZAP XR
H0261	H. cerebellum, Enzyme subtracted	Human Cerebellum	Brain			Uni-ZAP XR
H0263	human colon cancer	Human Colon Cancer	Colon		disease	Lambda ZAP II
H0264	human tonsils	Human Tonsil	Tonsil			Uni-ZAP XR
H0265	Activated T-Cell (12hs)/Thiouridine labelledEco	T-Cells	Blood	Cell Line		Uni-ZAP XR
H0266	Human Microvascular Endothelial Cells, fract. A	HMEC	Vein	Cell Line		Lambda ZAP II
H0267	Human Microvascular Endothelial Cells, fract. B	HMEC	Vein	Cell Line		Lambda ZAP II

H0268	Human Umbilical Vein Endothelial Cells, fract. A	HUVE Cells	Umbilical vein	Cell Line		Lambda ZAP II
H0269	Human Umbilical Vein Endothelial Cells, fract. B	HUVE Cells	Umbilical vein	Cell Line		Lambda ZAP II
H0270	HPAS (human pancreas, subtracted)	Human Pancreas	Pancreas			Uni-ZAP XR
H0271	Human Neutrophil, Activated	Human Neutrophil - Activated	Blood	Cell Line		Uni-ZAP XR
H0272	HUMAN TONSILS, FRACTION 2	Human Tonsil	Tonsil			Uni-ZAP XR
H0274	Human Adult Spleen, fractionII	Human Adult Spleen	Spleen			Uni-ZAP XR
H0275	Human Infant Adrenal Gland, Subtracted	Human Infant Adrenal Gland	Adrenal gland			pBluescriptpBLUESCRIPT™
H0280	K562 + PMA (36 hrs)	K562 Cell line	cell line	Cell Line		ZAP Express
H0281	Lymph node, abnorm. cell line (ATCCATCC™ #7225)	Lymph Node, abnormal cell line	Lymph Node	Cell Line		ZAP Express
H0282	HBGB"s differential consolidation	Human Primary Breast Cancer	Breast			Uni-ZAP XR
H0284	Human OB MG63 control fraction I	Human Osteoblastoma MG63 cell line	Bone	Cell Line		Uni-ZAP XR
H0286	Human OB MG63 treated (10 nM E2) fraction I	Human Osteoblastoma MG63 cell line	Bone	Cell Line		Uni-ZAP XR
H0288	Human OB HOS control fraction I	Human Osteoblastoma HOS cell line	Bone	Cell Line		Uni-ZAP XR
H0290	Human OB HOS treated (1 nM E2) fraction I	Human Osteoblastoma HOS cell line	Bone	Cell Line		Uni-ZAP XR
H0292	Human OB HOS treated (10 nM E2) fraction I	Human Osteoblastoma HOS cell line	Bone	Cell Line		Uni-ZAP XR

H0293	WI 38 cells					Uni-ZAP XR
H0294	Amniotic Cells - TNF induced	Amniotic Cells - TNF induced	Placenta	Cell Line		Uni-ZAP XR
H0295	Amniotic Cells - Primary Culture	Amniotic Cells - Primary Culture	Placenta	Cell Line		Uni-ZAP XR
H0300	CD34 positive cells (Cord Blood)	CD34 Positive Cells	Cord Blood			ZAP Express
H0305	CD34 positive cells (Cord Blood)	CD34 Positive Cells	Cord Blood			ZAP Express
H0306	CD34 depleted Buffy Coat (Cord Blood)	CD34 Depleted Buffy Coat (Cord Blood)	Cord Blood			ZAP Express
H0309	Human Chronic Synovitis	Synovium, Chronic Synovitis/ Osteoarthritis	Synovium		disease	Uni-ZAP XR
H0310	human caudate nucleus	Brain	Brain			Uni-ZAP XR
H0316	HUMAN STOMACH	Human Stomach	Stomach			Uni-ZAP XR
H0318	HUMAN B CELL LYMPHOMA	Human B Cell Lymphoma	Lymph Node		disease	Uni-ZAP XR
H0320	Human frontal cortex	Human Frontal Cortex	Brain			Uni-ZAP XR
H0321	HUMAN SCHWANOMA	Schwanoma	Nerve		disease	Uni-ZAP XR
H0327	human corpus colosum	Human Corpus Callosum	Brain			Uni-ZAP XR
H0328	human ovarian cancer	Ovarian Cancer	Ovary		disease	Uni-ZAP XR
H0329	Dermatofibrosarcoma Protuberance	Dermatofibrosarcoma Protuberans	Skin		disease	Uni-ZAP XR
H0331	Hepatocellular Tumor	Hepatocellular Tumor	Liver		disease	Lambda ZAP II
H0333	Hemangiopericytoma	Hemangiopericytoma	Blood vessel		disease	Lambda ZAP II
H0334	Kidney cancer	Kidney Cancer	Kidney		disease	Uni-ZAP XR
H0339	Duodenum	Duodenum				Uni-ZAP XR
H0341	Bone Marrow Cell Line (RS4;11)	Bone Marrow Cell Line RS4;11	Bone Marrow	Cell Line		Uni-ZAP XR
H0342	Lingual Gyrus	Lingual Gyrus	Brain			Uni-Zap XR
H0343	stomach cancer (human)	Stomach Cancer - 5383A (human)			disease	Uni-ZAP XR

H0344	Adipose tissue (human)	Adipose - 6825A (human)				Uni-ZAP XR
H0345	SKIN	Skin - 4000868H	Skin			Uni-ZAP XR
H0346	Brain-medulloblastoma	Brain (Medulloblastoma)-9405C006R	Brain		disease	Uni-ZAP XR
H0349	human adult liver cDNA library	Human Adult Liver	Liver			pCMVSport 1
H0350	Human Fetal Liver, mixed 10 & 14 week	Human Fetal Liver, mixed 10&14 Week	Liver			Uni-ZAP XR
H0351	Glioblastoma	Glioblastoma	Brain		disease	Uni-ZAP XR
H0352	wilm"s tumor	Wilm"s Tumor			disease	Uni-ZAP XR
H0354	Human Leukocytes	Human Leukocytes	Blood	Cell Line		pCMVSport 1
H0355	Human Liver	Human Liver, normal Adult				pCMVSport 1
H0356	Human Kidney	Human Kidney	Kidney			pCMVSport 1
H0357	H. Normalized Fetal Liver, II	Human Fetal Liver	Liver			Uni-ZAP XR
H0359	KMH2 cell line	KMH2				ZAP Express
H0360	Hemangiopericytoma	Hemangiopericytoma			disease	
H0361	Human rejected kidney	Human Rejected Kidney			disease	~~pBluescript~~pBLUESCRIPT™
H0362	HeLa cell line	HELA CELL LINE				pSport1
H0366	L428 cell line	L428				ZAP Express
H0369	H. Atrophic Endometrium	Atrophic Endometrium and myometrium				Uni-ZAP XR
H0370	H. Lymph node breast Cancer	Lymph node with Met. Breast Cancer			disease	Uni-ZAP XR
H0372	Human Testes	Human Testes	Testis			pCMVSport 1
H0373	Human Heart	Human Adult Heart	Heart			pCMVSport 1
H0374	Human Brain	Human Brain				pCMVSport 1
H0375	Human Lung	Human Lung				pCMVSport 1
H0376	Human Spleen	Human Adult Spleen	Spleen			pCMVSport 1
H0379	Human Tongue, frac 1	Human Tongue				pSport1

H0380	Human Tongue, frac 2	Human Tongue				pSport1
H0381	Bone Cancer	Bone Cancer			disease	Uni-ZAP XR
H0383	Human Prostate BPH, re-excision	Human Prostate BPH				Uni-ZAP XR
H0384	Brain, Kozak	Human Brain				pCMVSport 1
H0386	Leukocyte and Lung; 4 screens	Human Leukocytes	Blood	Cell Line		pCMVSport 1
H0388	Human Rejected Kidney, 704 re-excision	Human Rejected Kidney			disease	~~pBluescript~~pBLUESCRIPT™
H0390	Human Amygdala Depression, re-excision	Human Amygdala Depression			disease	~~pBluescript~~pBLUESCRIPT™
H0391	H. Meniingima, M6	Human Meningima	brain			pSport1
H0392	H. Meningima, M1	Human Meningima	brain			pSport1
H0393	Fetal Liver, subtraction II	Human Fetal Liver	Liver			~~pBluescript~~pBLUESCRIPT™
H0394	A-14 cell line	Redd-Sternberg cell				ZAP Express
H0395	A1-CELL LINE	Redd-Sternberg cell				ZAP Express
H0396	L1 Cell line	Redd-Sternberg cell				ZAP Express
H0399	Human Kidney Cortex, re-rescue	Human Kidney Cortex				Lambda ZAP II
H0400	Human Striatum Depression, re-rescue	Human Brain, Striatum Depression	Brain			Lambda ZAP II
H0402	CD34 depleted Buffy Coat (Cord Blood), re-excision	CD34 Depleted Buffy Coat (Cord Blood)	Cord Blood			ZAP Express
H0403	H. Umbilical Vein Endothelial Cells, IL4 induced	HUVE Cells	Umbilical vein	Cell Line		Uni-ZAP XR
H0404	H. Umbilical Vein endothelial cells, uninduced	HUVE Cells	Umbilical vein	Cell Line		Uni-ZAP XR
H0405	Human Pituitary, subtracted VI	Human Pituitary				~~pBluescript~~pBLUESCRIPT™

H0406	H Amygdala Depression, subtracted	Human Amygdala Depression				Uni-ZAP XR
H0408	Human kidney Cortex, subtracted	Human Kidney Cortex				~~pBluescript~~pBLUESCRIPT™
H0409	H. Striatum Depression, subtracted	Human Brain, Striatum Depression	Brain			~~pBluescript~~pBLUESCRIPT™
H0410	H. Male bladder, adult	H Male Bladder, Adult	Bladder			pSport1
H0411	H Female Bladder, Adult	Human Female Adult Bladder	Bladder			pSport1
H0412	Human umbilical vein endothelial cells, IL-4 induced	HUVE Cells	Umbilical vein	Cell Line		pSport1
H0413	Human Umbilical Vein Endothelial Cells, uninduced	HUVE Cells	Umbilical vein	Cell Line		pSport1
H0414	Ovarian Tumor I, OV5232	Ovarian Tumor, OV5232	Ovary		disease	pSport1
H0415	H. Ovarian Tumor, II, OV5232	Ovarian Tumor, OV5232	Ovary		disease	pCMVSport 2.0
H0416	Human Neutrophils, Activated, re-excision	Human Neutrophil - Activated	Blood	Cell Line		~~pBluescript~~pBLUESCRIPT™
H0417	Human Pituitary, subtracted VIII	Human Pituitary				~~pBluescript~~pBLUESCRIPT™
H0418	Human Pituitary, subtracted VII	Human Pituitary				~~pBluescript~~pBLUESCRIPT™
H0419	Bone Cancer, re-excision	Bone Cancer				Uni-ZAP XR
H0421	Human Bone Marrow, re-excision	Bone Marrow				~~pBluescript~~pBLUESCRIPT™
H0422	T-Cell PHA 16 hrs	T-Cells	Blood	Cell Line		pSport1
H0423	T-Cell PHA 24 hrs	T-Cells	Blood	Cell Line		pSport1
H0424	Human Pituitary, subt IX	Human Pituitary				~~pBluescript~~pBLUESCRIPT™
H0427	Human Adipose	Human Adipose, left				pSport1

		hiplipoma				
H0428	Human Ovary	Human Ovary Tumor	Ovary			pSport1
H0429	K562 + PMA (36 hrs),re-excision	K562 Cell line	cell line	Cell Line		ZAP Express
H0431	H. Kidney Medulla, re-excision	Kidney medulla	Kidney			~~pBluescript~~pBLUESCRIPT™
H0433	Human Umbilical Vein Endothelial cells, frac B, re-excision	HUVE Cells	Umbilical vein	Cell Line		~~pBluescript~~pBLUESCRIPT™
H0434	Human Brain, striatum, re-excision	Human Brain, Striatum				~~pBluescript~~pBLUESCRIPT™
H0435	Ovarian Tumor 10-3-95	Ovarian Tumor, OV350721	Ovary			pCMVSport 2.0
H0436	Resting T-Cell Library,II	T-Cells	Blood	Cell Line		pSport1
H0437	H Umbilical Vein Endothelial Cells, frac A, re-excision	HUVE Cells	Umbilical vein	Cell Line		Lambda ZAP II
H0438	H. Whole Brain #2, re-excision	Human Whole Brain #2				ZAP Express
H0439	Human Eosinophils	Eosinophils				~~pBluescript~~pBLUESCRIPT™
H0441	H. Kidney Cortex, subtracted	Kidney cortex	Kidney			~~pBluescript~~pBLUESCRIPT™
H0443	H. Adipose, subtracted	Human Adipose, left hiplipoma				pSport1
H0444	Spleen metastic melanoma	Spleen, Metastic malignant melanoma	Spleen		disease	pSport1
H0445	Spleen, Chronic lymphocytic leukemia	Human Spleen, CLL	Spleen		disease	pSport1
H0449	CD34+ cell, I	CD34 positive cells				pSport1
H0455	H. Striatum Depression, subt	Human Brain, Striatum Depression	Brain			~~pBluescript~~pBLUESCRIPT™
H0457	Human Eosinophils	Human Eosinophils				pSport1

H0458	CD34+ cell, I, frac II	CD34 positive cells				pSport1
H0459	CD34+cells, II, FRACTION 2	CD34 positive cells				pCMVSport 2.0
H0461	H. Kidney Medulla, subtracted	Kidney medulla	Kidney			~~pBluescript~~pBLUESCRIPT™
H0462	H. Amygdala Depression, subtracted		Brain			~~pBluescript~~pBLUESCRIPT™
H0477	Human Tonsil, Lib 3	Human Tonsil	Tonsil			pSport1
H0478	Salivary Gland, Lib 2	Human Salivary Gland	Salivary gland			pSport1
H0479	Salivary Gland, Lib 3	Human Salivary Gland	Salivary gland			pSport1
H0483	Breast Cancer cell line, MDA 36	Breast Cancer Cell line, MDA 36				pSport1
H0484	Breast Cancer Cell line, angiogenic	Breast Cancer Cell line, Angiogenic, 36T3				pSport1
H0485	Hodgkin"s Lymphoma I	Hodgkin"s Lymphoma I			disease	pCMVSport 2.0
H0486	Hodgkin"s Lymphoma II	Hodgkin"s Lymphoma II			disease	pCMVSport 2.0
H0487	Human Tonsils, lib I	Human Tonsils				pCMVSport 2.0
H0488	Human Tonsils, Lib 2	Human Tonsils				pCMVSport 2.0
H0489	Crohn"s Disease	Ileum	Intestine		disease	pSport1
H0490	Hl-60, untreated, subtracted	Human HL-60 Cells, unstimulated	Blood	Cell Line		Uni-ZAP XR
H0491	HL-60, PMA 4H, subtracted	HL-60 Cells, PMA stimulated 4H	Blood	Cell Line		Uni-ZAP XR
H0492	HL-60, RA 4h, Subtracted	HL-60 Cells, RA stimulated for 4H	Blood	Cell Line		Uni-ZAP XR
H0494	Keratinocyte	Keratinocyte				pCMVSport 2.0
H0497	HEL cell line	HEL cell line		HEL 92.1.7		pSport1
H0505	Human Astrocyte	Human Astrocyte				pSport1
H0506	Ulcerative Colitis	Colon	Colon			pSport1
H0509	Liver, Hepatoma	Human Liver, Hepatoma, patient 8	Liver		disease	pCMVSport 3.0
H0510	Human Liver, normal	Human Liver, normal, Patient # 8	Liver			pCMVSport 3.0

H0512	Keratinocyte, lib 3	Keratinocyte				pCMVSport 2.0
H0518	pBMC stimulated w/ poly I/C	pBMC stimulated with poly I/C				pCMVSport 3.0
H0519	NTERA2, control	NTERA2, Teratocarcinoma cell line				pCMVSport 3.0
H0520	NTERA2 + retinoic acid, 14 days	NTERA2, Teratocarcinoma cell line				pSport1
H0521	Primary Dendritic Cells, lib 1	Primary Dendritic cells				pCMVSport 3.0
H0522	Primary Dendritic cells,frac 2	Primary Dendritic cells				pCMVSport 3.0
H0525	PCR, pBMC I/C treated	pBMC stimulated with poly I/C				PCRII
H0528	Poly[I]/Poly[C] Normal Lung Fibroblasts	Poly[I]/Poly[C] Normal Lung Fibroblasts				pCMVSport 3.0
H0529	Myoloid Progenitor Cell Line	TF-1 Cell Line; Myoloid progenitor cell line				pCMVSport 3.0
H0530	Human Dermal Endothelial Cells,untreated	Human Dermal Endothelial Cells; untreated				pSport1
H0538	Merkel Cells	Merkel cells	Lymph node			pSport1
H0539	Pancreas Islet Cell Tumor	Pancreas Islet Cell Tumour	Pancreas		disease	pSport1
H0540	Skin, burned	Skin, leg burned	Skin			pSport1
H0542	T Cell helper I	Helper T cell				pCMVSport 3.0
H0543	T cell helper II	Helper T cell				pCMVSport 3.0
H0544	Human endometrial stromal cells	Human endometrial stromal cells				pCMVSport 3.0
H0545	Human endometrial stromal cells-treated with progesterone	Human endometrial stromal cells-treated with proge				pCMVSport 3.0
H0546	Human endometrial stromal cells-treated with	Human endometrial stromal cells-treated with				pCMVSport 3.0

	estradiol	estra				
H0547	NTERA2 teratocarcinoma cell line+retinoic acid (14 days)	NTERA2, Teratocarcinoma cell line				pSport1
H0549	H. Epididiymus, caput & corpus	Human Epididiymus, caput and corpus				Uni-ZAP XR
H0550	H. Epididiymus, cauda	Human Epididiymus, cauda				Uni-ZAP XR
H0551	Human Thymus Stromal Cells	Human Thymus Stromal Cells				pCMVSport 3.0
H0553	Human Placenta	Human Placenta				pCMVSport 3.0
H0555	Rejected Kidney, lib 4	Human Rejected Kidney	Kidney		disease	pCMVSport 3.0
H0556	Activated T-cell(12h)/Thiouridine-re-excision	T-Cells	Blood	Cell Line		Uni-ZAP XR
H0559	HL-60, PMA 4H, re-excision	HL-60 Cells, PMA stimulated 4H	Blood	Cell Line		Uni-ZAP XR
H0560	KMH2	KMH2				pCMVSport 3.0
H0561	L428	L428				pCMVSport 3.0
H0562	Human Fetal Brain, normalized c5-11-26	Human Fetal Brain				pCMVSport 2.0
H0563	Human Fetal Brain, normalized 50021F	Human Fetal Brain				pCMVSport 2.0
H0564	Human Fetal Brain, normalized C5001F	Human Fetal Brain				pCMVSport 2.0
H0566	Human Fetal Brain,normalized c50F	Human Fetal Brain				pCMVSport 2.0
H0567	Human Fetal Brain, normalized A5002F	Human Fetal Brain				pCMVSport 2.0
H0569	Human Fetal Brain, normalized CO	Human Fetal Brain				pCMVSport 2.0
H0570	Human Fetal Brain,	Human Fetal Brain				pCMVSport 2.0

	normalized C500H					
H0571	Human Fetal Brain, normalized C500HE	Human Fetal Brain				pCMVSport 2.0
H0572	Human Fetal Brain, normalized AC5002	Human Fetal Brain				pCMVSport 2.0
H0574	Hepatocellular Tumor; re-excision	Hepatocellular Tumor	Liver		disease	Lambda ZAP II
H0575	Human Adult Pulmonary;re-excision	Human Adult Pulmonary	Lung			Uni-ZAP XR
H0576	Resting T-Cell; re-excision	T-Cells	Blood	Cell Line		Lambda ZAP II
H0580	Dendritic cells, pooled	Pooled dendritic cells				pCMVSport 3.0
H0581	Human Bone Marrow, treated	Human Bone Marrow	Bone Marrow			pCMVSport 3.0
H0583	B Cell lymphoma	B Cell Lymphoma	B Cell		disease	pCMVSport 3.0
H0584	Activated T-cells, 24 hrs,re-excision	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0585	Activated T-Cells,12 hrs,re-excision	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0586	Healing groin wound, 6.5 hours post incision	healing groin wound, 6.5 hours post incision - 2/	groin		disease	pCMVSport 3.0
H0587	Healing groin wound; 7.5 hours post incision	Groin-2/19/97	groin		disease	pCMVSport 3.0
H0589	CD34 positive cells (cord blood),re-ex	CD34 Positive Cells	Cord Blood			ZAP Express
H0590	Human adult small intestine,re-excision	Human Adult Small Intestine	Small Int.			Uni-ZAP XR
H0591	Human T-cell lymphoma;re-excision	T-Cell Lymphoma	T-Cell		disease	Uni-ZAP XR
H0592	Healing groin wound - zero hr post-incision (control)	HGS wound healing project; abdomen			disease	pCMVSport 3.0
H0593	Olfactory	Olfactory epithelium from				pCMVSport 3.0

	epithelium;nasalcavity	roof of left nasal cacit				
H0594	Human Lung Cancer;re-excision	Human Lung Cancer	Lung		disease	Lambda ZAP II
H0595	Stomach cancer (human);re-excision	Stomach Cancer - 5383A (human)			disease	Uni-ZAP XR
H0596	Human Colon Cancer;re-excision	Human Colon Cancer	Colon			Lambda ZAP II
H0597	Human Colon; re-excision	Human Colon				Lambda ZAP II
H0598	Human Stomach;re-excision	Human Stomach	Stomach			Uni-ZAP XR
H0599	Human Adult Heart;re-excision	Human Adult Heart	Heart			Uni-ZAP XR
H0600	Healing Abdomen wound;70&90 min post incision	Abdomen			disease	pCMVSport 3.0
H0601	Healing Abdomen Wound;15 days post incision	Abdomen			disease	pCMVSport 3.0
H0602	Healing Abdomen Wound;21&29 days post incision	Abdomen			disease	pCMVSport 3.0
H0604	Human Pituitary, re-excision	Human Pituitary				~~pBluescript~~pBLUESCRIPT™
H0606	Human Primary Breast Cancer;re-excision	Human Primary Breast Cancer	Breast		disease	Uni-ZAP XR
H0607	H.Leukocytes, normalized cot 50A3	H.Leukocytes				pCMVSport 1
H0609	H. Leukocytes, normalized cot > 500A	H.Leukocytes				pCMVSport 1
H0611	H. Leukocytes, normalized cot 500 B	H.Leukocytes				pCMVSport 1
H0613	H.Leukocytes,	H.Leukocytes				pCMVSport 1

	normalized cot 5B					
H0614	H. Leukocytes, normalized cot 500 A	H.Leukocytes				pCMVSport 1
H0615	Human Ovarian Cancer Reexcision	Ovarian Cancer	Ovary		disease	Uni-ZAP XR
H0616	Human Testes, Reexcision	Human Testes	Testis			Uni-ZAP XR
H0617	Human Primary Breast Cancer Reexcision	Human Primary Breast Cancer	Breast		disease	Uni-ZAP XR
H0618	Human Adult Testes, Large Inserts, Reexcision	Human Adult Testis	Testis			Uni-ZAP XR
H0619	Fetal Heart	Human Fetal Heart	Heart			Uni-ZAP XR
H0620	Human Fetal Kidney; Reexcision	Human Fetal Kidney	Kidney			Uni-ZAP XR
H0622	Human Pancreas Tumor; Reexcision	Human Pancreas Tumor	Pancreas		disease	Uni-ZAP XR
H0623	Human Umbilical Vein; Reexcision	Human Umbilical Vein Endothelial Cells	Umbilical vein			Uni-ZAP XR
H0624	12 Week Early Stage Human II; Reexcision	Twelve Week Old Early Stage Human	Embryo			Uni-ZAP XR
H0625	Ku 812F Basophils Line	Ku 812F Basophils				pSport1
H0626	Saos2 Cells; Untreated	Saos2 Cell Line; Untreated				pSport1
H0627	Saos2 Cells; Vitamin D3 Treated	Saos2 Cell Line; Vitamin D3 Treated				pSport1
H0628	Human Pre-Differentiated Adipocytes	Human Pre-Differentiated Adipocytes				Uni-ZAP XR
H0629	Human Leukocyte, control #2	Human Normalized leukocyte				pCMVSport 1
H0631	Saos2, Dexamethosome Treated	Saos2 Cell Line; Dexamethosome Treated				pSport1
H0632	Hepatocellular Tumor;re-excision	Hepatocellular Tumor	Liver			Lambda ZAP II

H0633	Lung Carcinoma A549 TNFalpha activated	TNFalpha activated A549--Lung Carcinoma			disease	pSport1
H0634	Human Testes Tumor, re-excision	Human Testes Tumor	Testis		disease	Uni-ZAP XR
H0635	Human Activated T-Cells, re-excision	Activated T-Cells	Blood	Cell Line		Uni-ZAP XR
H0637	Dendritic Cells From CD34 Cells	Dentritic cells from CD34 cells				pSport1
H0638	CD40 activated monocyte dendridic cells	CD40 activated monocyte dendridic cells				pSport1
H0640	FicollFICOLL™ed Human Stromal Cells, Untreated	FicollFICOLL™ed Human Stromal Cells, Untreated				Other
H0641	LPS activated derived dendritic cells	LPS activated monocyte derived dendritic cells				pSport1
H0642	Hep G2 Cells, lambda library	Hep G2 Cells				Other
H0643	Hep G2 Cells, PCR library	Hep G2 Cells				Other
H0644	Human Placenta (re-excision)	Human Placenta	Placenta			Uni-ZAP XR
H0645	Fetal Heart, re-excision	Human Fetal Heart	Heart			Uni-ZAP XR
H0646	Lung, Cancer (4005313 A3): Invasive Poorly Differentiated Lung Adenocarcinoma,	Metastatic squamous cell lung carcinoma, poorly di				pSport1
H0647	Lung, Cancer (4005163 B7): Invasive, Poorly Diff. Adenocarcinoma, Metastatic	Invasive poorly differentiated lung adenocarcinoma			disease	pSport1
H0648	Ovary, Cancer: (4004562 B6) Papillary Serous Cystic Neoplasm, Low	Papillary Cstic neoplasm of low malignant potentia			disease	pSport1

	Malignant Pot					
H0649	Lung, Normal: (4005313 B1)	Normal Lung				pSport1
H0650	B-Cells	B-Cells				pCMVSport 3.0
H0651	Ovary, Normal: (9805C040R)	Normal Ovary				pSport1
H0652	Lung, Normal: (4005313 B1)	Normal Lung				pSport1
H0653	Stromal Cells	Stromal Cells				pSport1
H0654	Lung, Cancer: (4005313 A3) Invasive Poorly-differentiated Metastatic lung adenoc	Metastatic Squamous cell lung Carcinoma poorly dif				Other
H0656	B-cells (unstimulated)	B-cells (unstimulated)				pSport1
H0657	B-cells (stimulated)	B-cells (stimulated)				pSport1
H0658	Ovary, Cancer (9809C332): Poorly differentiated adenocarcinoma	9809C332- Poorly differentiate	Ovary & Fallopian Tubes		disease	pSport1
H0659	Ovary, Cancer (15395A1F): Grade II Papillary Carcinoma	Grade II Papillary Carcinoma, Ovary	Ovary		disease	pSport1
H0660	Ovary, Cancer: (15799A1F) Poorly differentiated carcinoma	Poorly differentiated carcinoma, ovary			disease	pSport1
H0661	Breast, Cancer: (4004943 A5)	Breast cancer			disease	pSport1
H0662	Breast, Normal: (4005522B2)	Normal Breast - #4005522(B2)	Breast			pSport1
H0663	Breast, Cancer: (4005522 A2)	Breast Cancer - #4005522(A2)	Breast		disease	pSport1
H0664	Breast, Cancer: (9806C012R)	Breast Cancer	Breast		disease	pSport1

H0665	Stromal cells 3.88	Stromal cells 3.88				pSport1
H0666	Ovary, Cancer: (4004332 A2)	Ovarian Cancer, Sample #4004332A2			disease	pSport1
H0667	Stromal cells(HBM3.18)	Stromal cell(HBM 3.18)				pSport1
H0668	stromal cell clone 2.5	stromal cell clone 2.5				pSport1
H0669	Breast, Cancer: (4005385 A2)	Breast Cancer (4005385A2)	Breast			pSport1
H0670	Ovary, Cancer(4004650 A3): Well-Differentiated Micropapillary Serous Carcinoma	Ovarian Cancer - 4004650A3				pSport1
H0671	Breast, Cancer: (9802C02OE)	Breast Cancer- Sample # 9802C02OE				pSport1
H0672	Ovary, Cancer: (4004576 A8)	Ovarian Cancer(4004576A8)	Ovary			pSport1
H0673	Human Prostate Cancer, Stage B2; re-excision	Human Prostate Cancer, stage B2	Prostate			Uni-ZAP XR
H0674	Human Prostate Cancer, Stage C; re-excission	Human Prostate Cancer, stage C	Prostate			Uni-ZAP XR
H0675	Colon, Cancer: (9808C064R)	Colon Cancer 9808C064R				pCMVSport 3.0
H0676	Colon, Cancer: (9808C064R)-total RNA	Colon Cancer 9808C064R				pCMVSport 3.0
H0677	TNFR degenerate oligo	B-Cells				PCRII
H0678	screened clones from placental library	Placenta	Placenta			Other
H0682	Serous Papillary Adenocarcinoma	serous papillary adenocarcinoma (9606G304SPA3B)				pCMVSport 3.0
H0683	Ovarian Serous Papillary Adenocarcinoma	Serous papillary adenocarcinoma, stage 3C (9804G01				pCMVSport 3.0

H0684	Serous Papillary Adenocarcinoma	Ovarian Cancer-9810G606	Ovaries			pCMVSport 3.0
H0685	Adenocarcinoma of Ovary, Human Cell Line, # OVCAR-3	Adenocarcinoma of Ovary, Human Cell Line, # OVCAR-				pCMVSport 3.0
H0686	Adenocarcinoma of Ovary, Human Cell Line	Adenocarcinoma of Ovary, Human Cell Line, # SW-626				pCMVSport 3.0
H0687	Human normal ovary(#9610G215)	Human normal ovary(#9610G215)	Ovary			pCMVSport 3.0
H0688	Human Ovarian Cancer(#9807G017)	Human Ovarian cancer(#9807G017),mRNA from Maura Ru				pCMVSport 3.0
H0689	Ovarian Cancer	Ovarian Cancer, #9806G019				pCMVSport 3.0
H0690	Ovarian Cancer, # 9702G001	Ovarian Cancer, #9702G001				pCMVSport 3.0
H0691	Normal Ovary, #9710G208	normal ovary, #9710G208				pCMVSport 3.0
H0693	Normal Prostate #ODQ3958EN	Normal Prostate Tissue # ODQ3958EN				pCMVSport 3.0
H0694	Prostate gland adenocarcinoma	Prostate gland, adenocarcinoma, mod/diff, gleason	prostate gland			pCMVSport 3.0
H0695	mononucleocytes from patient	mononucleocytes from patient at Shady Grove Hospit				pCMVSport 3.0
N0003	Human Fetal Brain	Human Fetal Brain				
N0006	Human Fetal Brain	Human Fetal Brain				
N0007	Human Hippocampus	Human Hippocampus				
N0009	Human Hippocampus, prescreened	Human Hippocampus				
S0001	Brain frontal cortex	Brain frontal cortex	Brain			Lambda ZAP II

S0002	Monocyte activated	Monocyte-activated	blood	Cell Line		Uni-ZAP XR
S0003	Human Osteoclastoma	Osteoclastoma	bone		disease	Uni-ZAP XR
S0004	Prostate	Prostate BPH	Prostate			Lambda ZAP II
S0005	Heart	Heart-left ventricle	Heart			pCDNA
S0006	Neuroblastoma	Human Neural Blastoma			disease	pCDNA
S0007	Early Stage Human Brain	Human Fetal Brain				Uni-ZAP XR
S0010	Human Amygdala	Amygdala				Uni-ZAP XR
S0011	STROMAL - OSTEOCLASTOMA	Osteoclastoma	bone		disease	Uni-ZAP XR
S0013	Prostate	Prostate	prostate			Uni-ZAP XR
S0014	Kidney Cortex	Kidney cortex	Kidney			Uni-ZAP XR
S0015	Kidney medulla	Kidney medulla	Kidney			Uni-ZAP XR
S0016	Kidney Pyramids	Kidney pyramids	Kidney			Uni-ZAP XR
S0021	Whole brain	Whole brain	Brain			ZAP Express
S0022	Human Osteoclastoma Stromal Cells - unamplified	Osteoclastoma Stromal Cells				Uni-ZAP XR
S0024	Human Kidney Medulla - unamplified	Human Kidney Medulla				
S0026	Stromal cell TF274	stromal cell	Bone marrow	Cell Line		Uni-ZAP XR
S0027	Smooth muscle, serum treated	Smooth muscle	Pulmanary artery	Cell Line		Uni-ZAP XR
S0028	Smooth muscle,control	Smooth muscle	Pulmanary artery	Cell Line		Uni-ZAP XR
S0029	brain stem	Brain stem	brain			Uni-ZAP XR
S0030	Brain pons	Brain Pons	Brain			Uni-ZAP XR
S0031	Spinal cord	Spinal cord	spinal cord			Uni-ZAP XR
S0032	Smooth muscle-ILb induced	Smooth muscle	Pulmanary artery	Cell Line		Uni-ZAP XR
S0035	Brain medulla oblongata	Brain medulla oblongata	Brain			Uni-ZAP XR
S0036	Human Substantia Nigra	Human Substantia Nigra				Uni-ZAP XR
S0037	Smooth muscle, IL1b induced	Smooth muscle	Pulmanary artery	Cell Line		Uni-ZAP XR

S0038	Human Whole Brain #2 - Oligo dT > 1.5Kb	Human Whole Brain #2				ZAP Express
S0039	Hypothalamus	Hypothalamus	Brain			Uni-ZAP XR
S0040	Adipocytes	Human Adipocytes from Osteoclastoma				Uni-ZAP XR
S0042	Testes	Human Testes				ZAP Express
S0044	Prostate BPH	prostate BPH	Prostate		disease	Uni-ZAP XR
S0045	Endothelial cells-control	Endothelial cell	endothelial cell-lung	Cell Line		Uni-ZAP XR
S0046	Endothelial-induced	Endothelial cell	endothelial cell-lung	Cell Line		Uni-ZAP XR
S0048	Human Hypothalamus, Alzheimer"s	Human Hypothalamus, Alzheimer"s			disease	Uni-ZAP XR
S0049	Human Brain, Striatum	Human Brain, Striatum				Uni-ZAP XR
S0050	Human Frontal Cortex, Schizophrenia	Human Frontal Cortex, Schizophrenia			disease	Uni-ZAP XR
S0051	Human Hypothalmus,Schizophrenia	Human Hypothalamus, Schizophrenia			disease	Uni-ZAP XR
S0052	neutrophils control	human neutrophils	blood	Cell Line		Uni-ZAP XR
S0053	Neutrophils IL-1 and LPS induced	human neutrophil induced	blood	Cell Line		Uni-ZAP XR
S0106	STRIATUM DEPRESSION		BRAIN		disease	Uni-ZAP XR
S0110	Brain Amygdala Depression		Brain		disease	Uni-ZAP XR
S0112	Hypothalamus		Brain			Uni-ZAP XR
S0114	Anergic T-cell	Anergic T-cell		Cell Line		Uni-ZAP XR
S0116	Bone marrow	Bone marrow	Bone marrow			Uni-ZAP XR
S0122	Osteoclastoma-normalized A	Osteoclastoma	bone		disease	pBluescriptBLUESCRIPT™
S0124	Smooth muscle-edited A	Smooth muscle	Pulmanary artery	Cell Line		Uni-ZAP XR
S0126	Osteoblasts	Osteoblasts	Knee	Cell Line		Uni-ZAP XR

S0132	Epithelial-TNFa and INF induced	Airway Epithelial				Uni-ZAP XR
S0134	Apoptotic T-cell	apoptotic cells		Cell Line		Uni-ZAP XR
S0136	PERM TF274	stromal cell	Bone marrow	Cell Line		Lambda ZAP II
S0140	eosinophil-IL5 induced	eosinophil	lung	Cell Line		Uni-ZAP XR
S0142	Macrophage-oxLDL	macrophage-oxidized LDL treated	blood	Cell Line		Uni-ZAP XR
S0144	Macrophage (GM-CSF treated)	Macrophage (GM-CSF treated)				Uni-ZAP XR
S0146	prostate-edited	prostate BPH	Prostate			Uni-ZAP XR
S0148	Normal Prostate	Prostate	prostate			Uni-ZAP XR
S0150	LNCAP prostate cell line	LNCAP Cell Line	Prostate	Cell Line		Uni-ZAP XR
S0152	PC3 Prostate cell line	PC3 prostate cell line				Uni-ZAP XR
S0168	Prostate/LNCAP, subtraction I	PC3 prostate cell line				~~pBluescript~~pBLUESCRIPT™
S0176	Prostate, normal, subtraction I	Prostate	prostate			Uni-ZAP XR
S0180	Bone Marrow Stroma, TNF&LPS ind	Bone Marrow Stroma, TNF & LPS induced			disease	Uni-ZAP XR
S0182	Human B Cell 8866	Human B- Cell 8866				Uni-ZAP XR
S0188	Prostate,BPH, Lib 2	Human Prostate BPH			disease	pSport1
S0190	Prostate BPH,Lib 2, subtracted	Human Prostate BPH				pSport1
S0192	Synovial Fibroblasts (control)	Synovial Fibroblasts				pSport1
S0194	Synovial hypoxia	Synovial Fibroblasts				pSport1
S0196	Synovial IL-1/TNF stimulated	Synovial Fibroblasts				pSport1
S0206	Smooth Muscle- HASTE normalized	Smooth muscle	Pulmanary artery	Cell Line		~~pBluescript~~pBLUESCRIPT™
S0208	Messangial cell, frac 1	Messangial cell				pSport1
S0210	Messangial cell, frac 2	Messangial cell				pSport1
S0212	Bone Marrow Stromal	Bone Marrow Stromal				pSport1

	Cell, untreated	Cell,untreated				
S0214	Human Osteoclastoma, re-excision	Osteoclastoma	bone		disease	Uni-ZAP XR
S0216	Neutrophils IL-1 and LPS induced	human neutrophil induced	blood	Cell Line		Uni-ZAP XR
S0218	Apoptotic T-cell, re-excision	apoptotic cells		Cell Line		Uni-ZAP XR
S0220	H. hypothalamus, frac A;re-excision	Hypothalamus	Brain			ZAP Express
S0222	H. Frontal cortex,epileptic;re-excision	H. Brain, Frontal Cortex, Epileptic	Brain		disease	Uni-ZAP XR
S0242	Synovial Fibroblasts (Il1/TNF), subt	Synovial Fibroblasts				pSport1
S0250	Human Osteoblasts II	Human Osteoblasts	Femur		disease	pCMVSport 2.0
S0260	Spinal Cord, re-excision	Spinal cord	spinal cord			Uni-ZAP XR
S0276	Synovial hypoxia-RSF subtracted	Synovial fobroblasts (rheumatoid)	Synovial tissue			pSport1
S0278	H Macrophage (GM-CSF treated), re-excision	Macrophage (GM-CSF treated)				Uni-ZAP XR
S0280	Human Adipose Tissue, re-excision	Human Adipose Tissue				Uni-ZAP XR
S0282	Brain Frontal Cortex, re-excision	Brain frontal cortex	Brain			Lambda ZAP II
S0292	Osteoarthritis (OA-4)	Human Osteoarthritic Cartilage	Bone		disease	pSport1
S0294	Larynx tumor	Larynx tumor	Larynx,vocal cord		disease	pSport1
S0298	Bone marrow stroma,treated	Bone marrow stroma,treatedSB	Bone marrow			pSport1
S0300	Frontal lobe,dementia;re-excision	Frontal Lobe dementia/Alzheimer"s	Brain			Uni-ZAP XR
S0306	Larynx normal #10 261-273	Larynx normal				pSport1

S0308	Spleen/normal	Spleen normal				pSport1
S0310	Normal trachea	Normal trachea				pSport1
S0312	Human osteoarthritic;fraction II	Human osteoarthritic cartilage			disease	pSport1
S0314	Human osteoarthritis;fraction I	Human osteoarthritic cartilage			disease	pSport1
S0316	Human Normal Cartilage,Fraction I	Human Normal Cartilage				pSport1
S0318	Human Normal Cartilage Fraction II	Human Normal Cartilage				pSport1
S0328	Palate carcinoma	Palate carcinoma	Uvula		disease	pSport1
S0330	Palate normal	Palate normal	Uvula			pSport1
S0332	Pharynx carcinoma	Pharynx carcinoma	Hypopharynx			pSport1
S0334	Human Normal Cartilage Fraction III	Human Normal Cartilage				pSport1
S0336	Human Normal Cartilage Fraction IV	Human Normal Cartilage				pSport1
S0338	Human Osteoarthritic Cartilage Fraction III	Human osteoarthritic cartilage			disease	pSport1
S0340	Human Osteoarthritic Cartilage Fraction IV	Human osteoarthritic cartilage			disease	pSport1
S0342	Adipocytes;re-excision	Human Adipocytes from Osteoclastoma				Uni-ZAP XR
S0344	Macrophage-oxLDL; re-excision	macrophage-oxidized LDL treated	blood	Cell Line		Uni-ZAP XR
S0346	Human Amygdala;re-excision	Amygdala				Uni-ZAP XR
S0348	Cheek Carcinoma	Cheek Carcinoma			disease	pSport1
S0350	Pharynx Carcinoma	Pharynx carcinoma	Hypopharynx		disease	pSport1
S0352	Larynx Carcinoma	Larynx carcinoma			disease	pSport1
S0354	Colon Normal II	Colon Normal	Colon			pSport1
S0356	Colon Carcinoma	Colon Carcinoma	Colon		disease	pSport1
S0358	Colon Normal III	Colon Normal	Colon			pSport1

S0360	Colon Tumor II	Colon Tumor	Colon		disease	pSport1
S0362	Human Gastrocnemius	Gastrocnemius muscle				pSport1
S0364	Human Quadriceps	Quadriceps muscle				pSport1
S0366	Human Soleus	Soleus Muscle				pSport1
S0368	Human Pancreatic Langerhans	Islets of Langerhans				pSport1
S0370	Larynx carcinoma II	Larynx carcinoma			disease	pSport1
S0372	Larynx carcinoma III	Larynx carcinoma			disease	pSport1
S0374	Normal colon	Normal colon				pSport1
S0376	Colon Tumor	Colon Tumor			disease	pSport1
S0378	Pancreas normal PCA4 No	Pancreas Normal PCA4 No				pSport1
S0380	Pancreas Tumor PCA4 Tu	Pancreas Tumor PCA4 Tu			disease	pSport1
S0382	Larynx carcinoma IV	Larynx carcinoma			disease	pSport1
S0384	Tongue carcinoma	Tongue carcinoma			disease	pSport1
S0386	Human Whole Brain, re-excision	Whole brain	Brain			ZAP Express
S0388	Human Hypothalamus,schizophrenia, re-excision	Human Hypothalamus, Schizophrenia			disease	Uni-ZAP XR
S0390	Smooth muscle, control; re-excision	Smooth muscle	Pulmanary artery	Cell Line		Uni-ZAP XR
S0392	Salivary Gland	Salivary gland; normal				pSport1
S0394	Stomach;normal	Stomach; normal				pSport1
S0398	Testis; normal	Testis; normal				pSport1
S0400	Brain; normal	Brain; normal				pSport1
S0402	Adrenal Gland,normal	Adrenal gland; normal				pSport1
S0404	Rectum normal	Rectum, normal				pSport1
S0406	Rectum tumour	Rectum tumour				pSport1
S0408	Colon, normal	Colon, normal				pSport1
S0410	Colon, tumour	Colon, tumour				pSport1

S0412	Temporal cortex-Alzheizmer; subtracted	Temporal cortex, alzheimer			disease	Other
S0414	Hippocampus, Alzheimer Subtracted	Hippocampus, Alzheimer Subtracted				Other
S0418	CHME Cell Line;treated 5 hrs	CHME Cell Line; treated				pCMVSport 3.0
S0420	CHME Cell Line,untreated	CHME Cell line, untreatetd				pSport1
S0422	Mo7e Cell Line GM-CSF treated (1ng/ml)	Mo7e Cell Line GM-CSF treated (1ng/ml)				pCMVSport 3.0
S0424	TF-1 Cell Line GM-CSF Treated	TF-1 Cell Line GM-CSF Treated				pSport1
S0426	Monocyte activated; re-excision	Monocyte-activated	blood	Cell Line		Uni-ZAP XR
S0428	Neutrophils control; re-excision	human neutrophils	blood	Cell Line		Uni-ZAP XR
S0430	Aryepiglottis Normal	Aryepiglottis Normal				pSport1
S0432	Sinus piniformis Tumour	Sinus piniformis Tumour				pSport1
S0434	Stomach Normal	Stomach Normal			disease	pSport1
S0436	Stomach Tumour	Stomach Tumour			disease	pSport1
S0438	Liver Normal Met5No	Liver Normal Met5No				pSport1
S0440	Liver Tumour Met 5 Tu	Liver Tumour				pSport1
S0442	Colon Normal	Colon Normal				pSport1
S0444	Colon Tumor	Colon Tumour			disease	pSport1
S0446	Tongue Tumour	Tongue Tumour				pSport1
S0448	Larynx Normal	Larynx Normal				pSport1
S0450	Larynx Tumour	Larynx Tumour				pSport1
S0452	Thymus	Thymus				pSport1
S0454	Placenta	Placenta	Placenta			pSport1
S0456	Tongue Normal	Tongue Normal				pSport1
S0458	Thyroid Normal (SDCA2 No)	Thyroid normal				pSport1
S0460	Thyroid Tumour	Thyroid Tumour				pSport1

S0462	Thyroid Thyroiditis	Thyroid Thyroiditis				pSport1
S0464	Larynx Normal	Larynx Normal				pSport1
S0466	Larynx Tumor	Larynx Tumor			disease	pSport1
S0468	Ea.hy.926 cell line	Ea.hy.926 cell line				pSport1
S0470	Adenocarcinoma	PYFD			disease	pSport1
S0472	Lung Mesothelium	PYBT				pSport1
S0474	Human blood platelets	Platelets	Blood platelets			Other
S0665	Human Amygdala; re-excission	Amygdala				Uni-ZAP XR
S3012	Smooth Muscle Serum Treated, Norm	Smooth muscle	Pulmanary artery	Cell Line		pBluescriptpBLUESCRIPT™
S3014	Smooth muscle, serum induced,re-exc	Smooth muscle	Pulmanary artery	Cell Line		pBluescriptpBLUESCRIPT™
S6014	H. hypothalamus, frac A	Hypothalamus	Brain			ZAP Express
S6016	H. Frontal Cortex, Epileptic	H. Brain, Frontal Cortex, Epileptic	Brain		disease	Uni-ZAP XR
S6022	H. Adipose Tissue	Human Adipose Tissue				Uni-ZAP XR
S6024	Alzheimers, spongy change	Alzheimer"s/Spongy change	Brain		disease	Uni-ZAP XR
S6026	Frontal Lobe, Dementia	Frontal Lobe dementia/Alzheimer"s	Brain			Uni-ZAP XR
S6028	Human Manic Depression Tissue	Human Manic depression tissue	Brain		disease	Uni-ZAP XR
T0002	Activated T-cells	Activated T-Cell, PBL fraction	Blood	Cell Line		pBluescriptpBLUESCRIPT™ SK-
T0003	Human Fetal Lung	Human Fetal Lung				pBluescriptpBLUESCRIPT™ SK-
T0004	Human White Fat	Human White Fat				pBluescriptpBLUESCRIPT™ SK-
T0006	Human Pineal Gland	Human Pinneal Gland				pBluescriptpBLUESCRIPT™ SK-
T0007	Colon Epithelium	Colon Epithelium				pBluescriptpBLUESCRIPT™ISK-

T0008	Colorectal Tumor	Colorectal Tumor			disease	pBluescriptpBLUESCRIPT™ SK-
T0010	Human Infant Brain	Human Infant Brain				Other
T0023	Human Pancreatic Carcinoma	Human Pancreatic Carcinoma			disease	pBluescriptpBLUESCRIPT™ SK-
T0039	HSA 172 Cells	Human HSA172 cell line				pBluescriptpBLUESCRIPT™ SK-
T0040	HSC172 cells	SA172 Cells				pBluescriptpBLUESCRIPT™ SK-
T0041	Jurkat T-cell G1 phase	Jurkat T-cell				pBluescriptpBLUESCRIPT™ SK-
T0042	Jurkat T-Cell, S phase	Jurkat T-Cell Line				pBluescriptpBLUESCRIPT™ SK-
T0048	Human Aortic Endothelium	Human Aortic Endothilium				pBluescriptpBLUESCRIPT™ SK-
T0049	Aorta endothelial cells + TNF-a	Aorta endothelial cells				pBluescriptpBLUESCRIPT™ SK-
T0060	Human White Adipose	Human White Fat				pBluescriptpBLUESCRIPT™ SK-
T0067	Human Thyroid	Human Thyroid				pBluescriptpBLUESCRIPT™ SK-
T0068	Normal Ovary, Premenopausal	Normal Ovary, Premenopausal				pBluescriptpBLUESCRIPT™ SK-
T0069	Human Uterus, normal	Human Uterus, normal				pBluescriptpBLUESCRIPT™ SK-
T0071	Human Bone Marrow	Human Bone Marrow				pBluescriptpBLUESCRIPT™ SK-
T0079	Human Kidney, normal Adult	Human Kidney, normal Adult				pBluescriptpBLUESCRIPT™ SK-
T0082	Human Adult Retina	Human Adult Retina				pBluescriptpBLUESCRIPT™ SK-
T0086	Human Pancreatic Carcinoma -- Screened	Human Pancreatic Carcinoma			disease	pBluescriptpBLUESCRIPT™ SK-

T0087	Alzheimer"s, exon trap,712P				disease	pAMP
T0103	Human colon carcinoma (HCC) cell line					~~pBluescript~~pBLUESCRIPT™ SK-
T0104	HCC cell line metastisis to liver					~~pBluescript~~pBLUESCRIPT™ SK-
T0109	Human (HCC) cell line liver (mouse) metastasis, remake					~~pBluescript~~pBLUESCRIPT™ SK-
T0110	Human colon carcinoma (HCC) cell line, remake					~~pBluescript~~pBLUESCRIPT™ SK-
T0112	Human (Caco-2) cell line, adenocarcinoma, colon					~~pBluescript~~pBLUESCRIPT™ SK-
T0114	Human (Caco-2) cell line, adenocarcinoma, colon, remake					~~pBluescript~~pBLUESCRIPT™ SK-
T0115	Human Colon Carcinoma (HCC) cell line					~~pBluescript~~pBLUESCRIPT™ SK-
L0002	Atrium cDNA library Human heart					
L0005	~~Clontech~~CLONTECH™ human aorta polyA+ mRNA (#6572)					
L0015	Human					
L0021	Human adult (K.Okubo)					
L0022	Human adult lung 3" directed MboI cDNA					
L0024	Human brain ARSanders					
L0040	Human colon mucosa					
L0041	Human epidermal keratinocyte					
L0045	Human keratinocyte					

	differential display (B.Lin)					
L0053	Human pancreatic tumor					
L0055	Human promyelocyte					
L0065	Liver HepG2 cell line.					
L0096	Subtracted human retina					
L0097	Subtracted human retinal pigment epithelium (RPE)					
L0103	DKFZphamy1	amygdala				
L0105	Human aorta polyA+ (TFujiwara)	aorta				
L0142	Human placenta cDNA (TFujiwara)	placenta				
L0143	Human placenta polyA+ (TFujiwara)	placenta				
L0151	Human testis (C. De Smet)	testis				
L0157	Human fetal brain (TFujiwara)		brain			
L0163	Human heart cDNA (YNakamura)		heart			
L0182	Human HeLa (Y.Wang)			HeLa		
L0187	Human fibrosarcoma cell line HT1080	fibrosarcoma		HT1080		
L0194	Human pancreatic cancer cell line Patu 8988t	pancreatic cancer		Patu 8988t		
L0295	Human liver EST (Y.L.Yu)		liver			
L0309	Human E8CASS	breast adenocarcinoma		E8CASS; variant of MCF7		
L0351	Infant brain, Bento Soares					BA, M13-derived

L0352	Normalized infant brain, Bento Soares					BA, M13-derived
L0355	P, Human foetal Brain Whole tissue					Bluescript
L0356	S, Human foetal Adrenals tissue					Bluescript
L0361	~~Stratagene~~STRATAGENE™ ovary (#937217)		ovary			Bluescript SK
L0362	~~Stratagene~~STRATAGENE™ ovarian cancer (#937219)					Bluescript SK-
L0363	NCI_CGAP_GC2	germ cell tumor				Bluescript SK-
L0364	NCI_CGAP_GC5	germ cell tumor				Bluescript SK-
L0365	NCI_CGAP_Phe1	pheochromocytoma				Bluescript SK-
L0366	~~Stratagene~~STRATAGENE™ schizo brain S11	schizophrenic brain S-11 frontal lobe				Bluescript SK-
L0367	NCI_CGAP_Sch1	Schwannoma tumor				Bluescript SK-
L0368	NCI_CGAP_SS1	synovial sarcoma				Bluescript SK-
L0369	NCI_CGAP_AA1	adrenal adenoma	adrenal gland			Bluescript SK-
L0370	Johnston frontal cortex	pooled frontal lobe	brain			Bluescript SK-
L0371	NCI_CGAP_Br3	breast tumor	breast			Bluescript SK-
L0372	NCI_CGAP_Co12	colon tumor	colon			Bluescript SK-
L0373	NCI_CGAP_Co11	tumor	colon			Bluescript SK-
L0374	NCI_CGAP_Co2	tumor	colon			Bluescript SK-
L0375	NCI_CGAP_Kid6	kidney tumor	kidney			Bluescript SK-
L0376	NCI_CGAP_Lar1	larynx	larynx			Bluescript SK-
L0378	NCI_CGAP_Lu1	lung tumor	lung			Bluescript SK-
L0379	NCI_CGAP_Lym3	lymphoma	lymph node			Bluescript SK-
L0381	NCI_CGAP_HN4	squamous cell carcinoma	pharynx			Bluescript SK-
L0382	NCI_CGAP_Pr25	epithelium (cell line)	prostate			Bluescript SK-
L0383	NCI_CGAP_Pr24	invasive tumor (cell line)	prostate			Bluescript SK-
L0384	NCI_CGAP_Pr23	prostate tumor	prostate			Bluescript SK-

L0385	NCI_CGAP_Gas1	gastric tumor	stomach			Bluescript SK-
L0386	NCI_CGAP_HN3	squamous cell carcinoma from base of tongue	tongue			Bluescript SK-
L0387	NCI_CGAP_GCB0	germinal center B-cells	tonsil			Bluescript SK-
L0388	NCI_CGAP_HN6	normal gingiva (cell line from immortalized kerati				Bluescript SK-
L0389	NCI_CGAP_HN5	normal gingiva (cell line from primary keratinocyt				Bluescript SK-
L0394	H, Human adult Brain Cortex tissue					gt11
L0404	b4HB3MA Cot109+103+85-Bio					Lafmid A
L0411	1-NIB					Lafmid BA
L0415	b4HB3MA Cot8-HAP-Ft					Lafmid BA
L0418	b4HB3MA-Cot109+10-Bio					Lafmid BA
L0428	Cot1374Ft-4HB3MA					Lafmid BA
L0435	Infant brain, LLNL array of Dr. M. Soares 1NIB					lafmid BA
L0438	normalized infant brain cDNA	total brain	brain			lafmid BA
L0439	Soares infant brain 1NIB		whole brain			Lafmid BA
L0446	N4HB3MK					Lafmid BK
L0455	Human retina cDNA randomly primed sublibrary	retina	eye			lambda gt10
L0456	Human retina cDNA Tsp509I-cleaved sublibrary	retina	eye			lambda gt10
L0457	multi-tissue normalized short-fragment	multi-tissue	pooled			lambda gt10
L0459	Adult heart, ~~Clontech~~CLONTECH™					Lambda gt11

L0460	Adult heart, Lambda gt11					Lambda gt11
L0462	WATM1					lambda gt11
L0463	fetal brain cDNA	brain	brain			lambda gt11
L0465	TEST1, Human adult Testis tissue					lambda nm1149
L0471	Human fetal heart, Lambda ZAP Express					Lambda ZAP Express
L0475	KG1-a Lambda Zap Express cDNA library			KG1-a		Lambda Zap Express (~~Stratagene~~STRATAGENE™)
L0476	Fetal brain, ~~Stratagene~~STRATAGENE™					Lambda ZAP II
L0480	~~Stratagene~~STRATAGENE™ cat#937212 (1992)					Lambda ZAP, ~~pBluescript~~pBLUESCRIPT™ SK(-)
L0481	CD34+DIRECTIONAL					Lambda ZAPII
L0483	Human pancreatic islet					Lambda ZAPII
L0485	~~STRATAGENE~~STRATAGENE™ Human skeletal muscle cDNA library, cat. #936215.	skeletal muscle	leg muscle			Lambda ZAPII
L0492	Human Genomic					pAMP
L0493	NCI_CGAP_Ov26	papillary serous carcinoma	ovary			pAMP1
L0497	NCI_CGAP_HSC4	CD34+, CD38- from normal bone marrow donor	bone marrow			pAMP1
L0498	NCI_CGAP_HSC3	CD34+, T negative, patient with chronic myelogenou	bone marrow			pAMP1
L0499	NCI_CGAP_HSC2	stem cell 34+/38+	bone marrow			pAMP1
L0500	NCI_CGAP_Brn20	oligodendroglioma	brain			pAMP1

L0502	NCI_CGAP_Br15	adenocarcinoma	breast			pAMP1
L0503	NCI_CGAP_Br17	adenocarcinoma	breast			pAMP1
L0504	NCI_CGAP_Br13	breast carcinoma in situ	breast			pAMP1
L0505	NCI_CGAP_Br12	invasive carcinoma	breast			pAMP1
L0506	NCI_CGAP_Br16	lobullar carcinoma in situ	breast			pAMP1
L0507	NCI_CGAP_Br14	normal epithelium	breast			pAMP1
L0508	NCI_CGAP_Lu25	bronchioalveolar carcinoma	lung			pAMP1
L0509	NCI_CGAP_Lu26	invasive adenocarcinoma	lung			pAMP1
L0512	NCI_CGAP_Ov36	borderline ovarian carcinoma	ovary			pAMP1
L0513	NCI_CGAP_Ov37	early stage papillary serous carcinoma	ovary			pAMP1
L0514	NCI_CGAP_Ov31	papillary serous carcinoma	ovary			pAMP1
L0515	NCI_CGAP_Ov32	papillary serous carcinoma	ovary			pAMP1
L0517	NCI_CGAP_Pr1					pAMP10
L0518	NCI_CGAP_Pr2					pAMP10
L0519	NCI_CGAP_Pr3					pAMP10
L0520	NCI_CGAP_Alv1	alveolar rhabdomyosarcoma				pAMP10
L0521	NCI_CGAP_Ew1	Ewing"s sarcoma				pAMP10
L0522	NCI_CGAP_Kid1	kidney				pAMP10
L0523	NCI_CGAP_Lip2	liposarcoma				pAMP10
L0524	NCI_CGAP_Li1	liver				pAMP10
L0525	NCI_CGAP_Li2	liver				pAMP10
L0526	NCI_CGAP_Pr12	metastatic prostate bone lesion				pAMP10
L0527	NCI_CGAP_Ov2	ovary				pAMP10
L0528	NCI_CGAP_Pr5	prostate				pAMP10
L0529	NCI_CGAP_Pr6	prostate				pAMP10
L0530	NCI_CGAP_Pr8	prostate				pAMP10
L0532	NCI_CGAP_Thy1	thyroid				pAMP10

L0533	NCI_CGAP_HSC1	stem cells	bone marrow			pAMP10
L0534	Chromosome 7 Fetal Brain cDNA Library	brain	brain			pAMP10
L0539	Chromosome 7 Placental cDNA Library		placenta			pAMP10
L0540	NCI_CGAP_Pr10	invasive prostate tumor	prostate			pAMP10
L0542	NCI_CGAP_Pr11	normal prostatic epithelial cells	prostate			pAMP10
L0543	NCI_CGAP_Pr9	normal prostatic epithelial cells	prostate			pAMP10
L0544	NCI_CGAP_Pr4	prostatic intraepithelial neoplasia - high grade	prostate			pAMP10
L0545	NCI_CGAP_Pr4.1	prostatic intraepithelial neoplasia - high grade	prostate			pAMP10
L0546	NCI_CGAP_Pr18	stroma	prostate			pAMP10
L0547	NCI_CGAP_Pr16	tumor	prostate			pAMP10
L0549	NCI_CGAP_HN10	carcinoma in situ from retromolar trigone				pAMP10
L0550	NCI_CGAP_HN9	normal squamous epithelium from retromolar trigone				pAMP10
L0551	NCI_CGAP_HN7	normal squamous epithelium, floor of mouth				pAMP10
L0553	NCI_CGAP_Co22	colonic adenocarcinoma	colon			pAMP10
L0554	NCI_CGAP_Li8		liver			pAMP10
L0558	NCI_CGAP_Ov40	endometrioid ovarian metastasis	ovary			pAMP10
L0559	NCI_CGAP_Ov39	papillary serous ovarian metastasis	ovary			pAMP10
L0560	NCI_CGAP_HN12	moderate to poorly differentiated invasive carcino	tongue			pAMP10
L0561	NCI_CGAP_HN11	normal squamous	tongue			pAMP10

		epithelium				
L0562	Chromosome 7 HeLa cDNA Library			HeLa cell line; ~~ATCC~~ATCC™		pAMP10
L0564	Jia bone marrow stroma	bone marrow stroma				~~pBluescript~~pBLUESCRIPT™
L0565	Normal Human Trabecular Bone Cells	Bone	Hip			~~pBluescript~~pBLUESCRIPT™
L0581	~~Stratagene~~STRATAGENE™ liver (#937224)		liver			~~pBluescript~~pBLUESCRIPT™ SK
L0584	~~Stratagene~~STRATAGENE™ cDNA library Human heart, cat#936208					~~pBluescript~~pBLUESCRIPT™ SK(+)
L0586	HTCDL1					~~pBluescript~~pBLUESCRIPT™ SK(-)
L0587	~~Stratagene~~STRATAGENE™ colon HT29 (#937221)					~~pBluescript~~pBLUESCRIPT™ SK-
L0588	~~Stratagene~~STRATAGENE™ endothelial cell 937223					~~pBluescript~~pBLUESCRIPT™ SK-
L0589	~~Stratagene~~STRATAGENE™ fetal retina 937202					~~pBluescript~~pBLUESCRIPT™ SK-
L0590	~~Stratagene~~STRATAGENE™ fibroblast (#937212)					~~pBluescript~~pBLUESCRIPT™ SK-
L0591	~~Stratagene~~STRATAGENE™ HeLa cell s3 937216					~~pBluescript~~pBLUESCRIPT™ SK-
L0592	~~Stratagene~~STRATAGENE™ hNT neuron (#937233)					~~pBluescript~~pBLUESCRIPT™ SK-
L0593	~~Stratagene~~STRATAGENE™ neuroepithelium (#937231)					~~pBluescript~~pBLUESCRIPT™ SK-

L0594	StratageneSTRATAGENE™ neuroepithelium NT2RAMI 937234					pBluescriptpBLUESCRIPT™ SK-
L0595	StratageneSTRATAGENE™ NT2 neuronal precursor 937230	neuroepithelial cells	brain			pBluescriptpBLUESCRIPT™ SK-
L0596	StratageneSTRATAGENE™ colon (#937204)		colon			pBluescriptpBLUESCRIPT™ SK-
L0597	StratageneSTRATAGENE™ corneal stroma (#937222)		cornea			pBluescriptpBLUESCRIPT™ SK-
L0598	Morton Fetal Cochlea	cochlea	ear			pBluescriptpBLUESCRIPT™ SK-
L0599	StratageneSTRATAGENE™ lung (#937210)		lung			pBluescriptpBLUESCRIPT™ SK-
L0600	Weizmann Olfactory Epithelium	olfactory epithelium	nose			pBluescriptpBLUESCRIPT™ SK-
L0601	StratageneSTRATAGENE™ pancreas (#937208)		pancreas			pBluescriptpBLUESCRIPT™ SK-
L0602	Pancreatic Islet	pancreatic islet	pancreas			pBluescriptpBLUESCRIPT™ SK-
L0603	StratageneSTRATAGENE™ placenta (#937225)		placenta			pBluescriptpBLUESCRIPT™ SK-
L0604	StratageneSTRATAGENE™ muscle 937209	muscle	skeletal muscle			pBluescriptpBLUESCRIPT™ SK-
L0605	StratageneSTRATAGENE™ fetal spleen (#937205)	fetal spleen	spleen			pBluescriptpBLUESCRIPT™ SK-
L0606	NCI_CGAP_Lym5	follicular lymphoma	lymph node			pBluescriptpBLUESCRIPT™ SK-
L0607	NCI_CGAP_Lym6	mantle cell lymphoma	lymph node			pBluescriptpBLUESCRIPT™ SK-
L0608	StratageneSTRATAGEN	lung carcinoma	lung	NCI-H69		pBluescriptpBLUESCR

	E™ lung carcinoma 937218					IPT™ SK-
L0609	Schiller astrocytoma	astrocytoma	brain			~~pBluescript~~pBLUESCRIPT™ SK- (~~Stratagene~~STRATAGENE™)
L0610	Schiller glioblastoma multiforme	glioblastoma multiforme	brain			~~pBluescript~~pBLUESCRIPT™ SK- (~~Stratagene~~STRATAGENE™)
L0611	Schiller meningioma	meningioma	brain			~~pBluescript~~pBLUESCRIPT™ SK- (~~Stratagene~~STRATAGENE™)
L0612	Schiller oligodendroglioma	oligodendroglioma	brain			~~pBluescript~~pBLUESCRIPT™ SK- (~~Stratagene~~STRATAGENE™)
L0615	22 week old human fetal liver cDNA library					~~pBluescript~~pBLUESCRIPT™II SK(-)
L0619	Chromosome 9 exon II					~~pBluescript~~pBLUESCRIPT™IIKS+
L0622	HM1					pcDNAII (Invitrogen)
L0623	HM3	pectoral muscle (after mastectomy)				pcDNAII (Invitrogen)
L0625	NCI_CGAP_AR1	bulk alveolar tumor				pCMV-SPORT2
L0626	NCI_CGAP_GC1	bulk germ cell seminoma				pCMV-SPORT2
L0627	NCI_CGAP_Co1	bulk tumor	colon			pCMV-SPORT2
L0628	NCI_CGAP_Ov1	ovary bulk tumor	ovary			pCMV-SPORT2
L0629	NCI_CGAP_Mel3	metastatic melanoma to bowel	bowel (skin primary)			pCMV-SPORT4
L0630	NCI_CGAP_CNS1	substantia nigra	brain			pCMV-SPORT4
L0631	NCI_CGAP_Br7		breast			pCMV-SPORT4

L0634	NCI_CGAP_Ov8	serous adenocarcinoma	ovary			pCMV-SPORT4
L0635	NCI_CGAP_PNS1	dorsal root ganglion	peripheral nervous system			pCMV-SPORT4
L0636	NCI_CGAP_Pit1	four pooled pituitary adenomas	brain			pCMV-SPORT6
L0637	NCI_CGAP_Brn53	three pooled meningiomas	brain			pCMV-SPORT6
L0638	NCI_CGAP_Brn35	tumor, 5 pooled (see description)	brain			pCMV-SPORT6
L0639	NCI_CGAP_Brn52	tumor, 5 pooled (see description)	brain			pCMV-SPORT6
L0640	NCI_CGAP_Br18	four pooled high-grade tumors, including two prima	breast			pCMV-SPORT6
L0641	NCI_CGAP_Co17	juvenile granulosa tumor	colon			pCMV-SPORT6
L0642	NCI_CGAP_Co18	moderately differentiated adenocarcinoma	colon			pCMV-SPORT6
L0643	NCI_CGAP_Co19	moderately differentiated adenocarcinoma	colon			pCMV-SPORT6
L0644	NCI_CGAP_Co20	moderately differentiated adenocarcinoma	colon			pCMV-SPORT6
L0645	NCI_CGAP_Co21	moderately differentiated adenocarcinoma	colon			pCMV-SPORT6
L0646	NCI_CGAP_Co14	moderately-differentiated adenocarcinoma	colon			pCMV-SPORT6
L0647	NCI_CGAP_Sar4	five pooled sarcomas, including myxoid liposarcoma	connective tissue			pCMV-SPORT6
L0648	NCI_CGAP_Eso2	squamous cell carcinoma	esophagus			pCMV-SPORT6
L0649	NCI_CGAP_GU1	2 pooled high-grade transitional cell tumors	genitourinary tract			pCMV-SPORT6
L0650	NCI_CGAP_Kid13	2 pooled Wilms" tumors, one primary and one metast	kidney			pCMV-SPORT6

L0651	NCI_CGAP_Kid8	renal cell tumor	kidney			pCMV-SPORT6
L0652	NCI_CGAP_Lu27	four pooled poorly-differentiated adenocarcinomas	lung			pCMV-SPORT6
L0653	NCI_CGAP_Lu28	two pooled squamous cell carcinomas	lung			pCMV-SPORT6
L0654	NCI_CGAP_Lu31		lung, cell line			pCMV-SPORT6
L0655	NCI_CGAP_Lym12	lymphoma, follicular mixed small and large cell	lymph node			pCMV-SPORT6
L0656	NCI_CGAP_Ov38	normal epithelium	ovary			pCMV-SPORT6
L0657	NCI_CGAP_Ov23	tumor, 5 pooled (see description)	ovary			pCMV-SPORT6
L0658	NCI_CGAP_Ov35	tumor, 5 pooled (see description)	ovary			pCMV-SPORT6
L0659	NCI_CGAP_Pan1	adenocarcinoma	pancreas			pCMV-SPORT6
L0661	NCI_CGAP_Mel15	malignant melanoma, metastatic to lymph node	skin			pCMV-SPORT6
L0662	NCI_CGAP_Gas4	poorly differentiated adenocarcinoma with signet r	stomach			pCMV-SPORT6
L0663	NCI_CGAP_Ut2	moderately-differentiated endometrial adenocarcino	uterus			pCMV-SPORT6
L0664	NCI_CGAP_Ut3	poorly-differentiated endometrial adenocarcinoma,	uterus			pCMV-SPORT6
L0665	NCI_CGAP_Ut4	serous papillary carcinoma, high grade, 2 pooled t	uterus			pCMV-SPORT6
L0666	NCI_CGAP_Ut1	well-differentiated endometrial adenocarcinoma, 7	uterus			pCMV-SPORT6
L0667	NCI_CGAP_CML1	myeloid cells, 18 pooled CML cases, BCR/ABL	whole blood			pCMV-SPORT6

		rearra				
L0686	Stanley Frontal SN pool 2	frontal lobe (see description)	brain			pCR2.1-TOPO (Invitrogen)
L0690	Testis, Subtracted					pCRII
L0697	Testis 1					PGEM 5zf(+)
L0698	Testis 2					PGEM 5zf(+)
L0708	NIH_MGC_17	rhabdomyosarcoma	muscle			pOTB7
L0709	NIH_MGC_21	choriocarcinoma	placenta			pOTB7
L0710	NIH_MGC_7	small cell carcinoma	lung	MGC3		pOTB7
L0717	Gessler Wilms tumor					pSPORT1
L0731	Soares_pregnant_uterus_ NbHPU		uterus			pT7T3-Pac
L0738	Human colorectal cancer					pT7T3D
L0740	Soares melanocyte 2NbHM	melanocyte				pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0741	Soares adult brain N2b4HB55Y		brain			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0742	Soares adult brain N2b5HB55Y		brain			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0743	Soares breast 2NbHBst		breast			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0744	Soares breast 3NbHBst		breast			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker

L0745	Soares retina N2b4HR	retina	eye			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0746	Soares retina N2b5HR	retina	eye			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0747	Soares_fetal_heart_NbHH19W		heart			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0748	Soares fetal liver spleen 1NFLS		Liver and Spleen			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0749	Soares_fetal_liver_spleen_1NFLS_S1		Liver and Spleen			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0750	Soares_fetal_lung_NbHL19W		lung			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0751	Soares ovary tumor NbHOT	ovarian tumor	ovary			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0752	Soares_parathyroid_tumor_NbHPA	parathyroid tumor	parathyroid gland			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0753	Soares_pineal_gland_N3		pineal gland			pT7T3D

	HPG					(~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0754	Soares placenta Nb2HP		placenta			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0755	Soares_placenta_8to9weeks_2NbHP8to9W		placenta			pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0756	Soares_multiple_sclerosis_2NbHMSP	multiple sclerosis lesions				pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker V_TYPE
L0757	Soares_senescent_fibroblasts_NbHSF	senescent fibroblast				pT7T3D (~~Pharmacia~~PHARMACIA™) with a modified polylinker V_TYPE
L0758	Soares_testis_NHT					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0759	Soares_total_fetus_Nb2HF8_9w					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0760	Barstead aorta HPLRB3	aorta				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0761	NCI_CGAP_CLL1	B-cell, chronic lymphotic leukemia				pT7T3D-Pac (~~Pharmacia~~PHARMAC

						IA™) with a modified polylinker
L0762	NCI_CGAP_Br1.1	breast				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0763	NCI_CGAP_Br2	breast				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0764	NCI_CGAP_Co3	colon				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0765	NCI_CGAP_Co4	colon				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0766	NCI_CGAP_GCB1	germinal center B cell				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0767	NCI_CGAP_GC3	pooled germ cell tumors				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0768	NCI_CGAP_GC4	pooled germ cell tumors				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0769	NCI_CGAP_Brn25	anaplastic oligodendroglioma	brain			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified

						polylinker
L0770	NCI_CGAP_Brn23	glioblastoma (pooled)	brain			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0771	NCI_CGAP_Co8	adenocarcinoma	colon			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0772	NCI_CGAP_Co10	colon tumor RER+	colon			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0773	NCI_CGAP_Co9	colon tumor RER+	colon			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0774	NCI_CGAP_Kid3		kidney			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0775	NCI_CGAP_Kid5	2 pooled tumors (clear cell type)	kidney			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0776	NCI_CGAP_Lu5	carcinoid	lung			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0777	Soares_NhHMPu_S1	Pooled human melanocyte, fetal heart, and pregnant	mixed (see below)			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker

L0778	Barstead pancreas HPLRB1		pancreas			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0779	Soares_NFL_T_GBC_S1		pooled			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0780	Soares_NSF_F8_9W_OT_PA_P_S1		pooled			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0782	NCI_CGAP_Pr21	normal prostate	prostate			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0783	NCI_CGAP_Pr22	normal prostate	prostate			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0784	NCI_CGAP_Lei2	leiomyosarcoma	soft tissue			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0785	Barstead spleen HPLRB2		spleen			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0786	Soares_NbHFB		whole brain			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0787	NCI_CGAP_Sub1					pT7T3D-Pac

						(~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0788	NCI_CGAP_Sub2					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0789	NCI_CGAP_Sub3					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0790	NCI_CGAP_Sub4					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0791	NCI_CGAP_Sub5					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0792	NCI_CGAP_Sub6					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0793	NCI_CGAP_Sub7					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0794	NCI_CGAP_GC6	pooled germ cell tumors				pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0796	NCI_CGAP_Brn50	medulloblastoma	brain			pT7T3D-Pac (~~Pharmacia~~PHARMAC

						IA™) with a modified polylinker
L0800	NCI_CGAP_Co16	colon tumor, RER+	colon			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0803	NCI_CGAP_Kid11		kidney			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0804	NCI_CGAP_Kid12	2 pooled tumors (clear cell type)	kidney			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0805	NCI_CGAP_Lu24	carcinoid	lung			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0806	NCI_CGAP_Lu19	squamous cell carcinoma, poorly differentiated (4	lung			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0807	NCI_CGAP_Ov18	fibrotheoma	ovary			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0808	Barstead prostate BPH HPLRB4 1		prostate			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L0809	NCI_CGAP_Pr28		prostate			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified

						polylinker
L0879	BT0254		breast			puc18
L0946	BT0333		breast			puc18
L1057	BT0559		breast			puc18
L1441	CT0249		colon			puc18
L1446	CT0254		colon			puc18
L1499	CT0322		colon			puc18
L1788	HT0229		head_neck			puc18
L1819	HT0268		head_neck			puc18
L1877	HT0340		head_neck			puc18
L1878	HT0342		head_neck			puc18
L2138	ST0186		stomach			puc18
L2174	ST0240		stomach			puc18
L2251	Human fetal lung	Fetal lung				
L2252	Human placenta	placenta				
L2255	GLC	corresponding non cancerous liver tissue				~~pBluescript~~pBLUESCRIPT™ sk(-)
L2257	NIH_MGC_65	adenocarcinoma	colon			pCMV-SPORT6
L2258	NIH_MGC_67	retinoblastoma	eye			pCMV-SPORT6
L2259	NIH_MGC_68	large cell carcinoma	lung			pCMV-SPORT6
L2260	NIH_MGC_69	large cell carcinoma, undifferentiated	lung			pCMV-SPORT6
L2261	NIH_MGC_70	epithelioid carcinoma	pancreas			pCMV-SPORT6
L2262	NIH_MGC_72	melanotic melanoma	skin			pCMV-SPORT6
L2263	NIH_MGC_66	adenocarcinoma	ovary			pCMV-SPORT6
L2264	NIH_MGC_71	leiomyosarcoma	uterus			pCMV-SPORT6
L2265	NIH_MGC_39	adenocarcinoma	pancreas			pOTB7
L2270	Lupski_dorsal_root_ganglion	dorsal root ganglia				pCMV-SPORT6 (~~Life Technologies~~LIFE TECHNOLOGIES™)
L2289	BT0757		breast			puc18
L2333	CT0417		colon			puc18

L2338	CT0432		colon			puc18
L2346	CT0483		colon			puc18
L2357	UT0021		uterus_tumor			puc18
L2367	UT0039		uterus_tumor			puc18
L2377	NN0054		nervous_normal			puc18
L2380	NN0068		nervous_normal			puc18
L2400	NN0116		nervous_normal			puc18
L2412	NN0136		nervous_normal			puc18
L2413	NN0141		nervous_normal			puc18
L2439	NN1022		nervous_normal			puc18
L2440	NN1023		nervous_normal			puc18
L2491	HT0559		head_neck			puc18
L2495	HT0594		head_neck			puc18
L2497	HT0618		head_neck			puc18
L2504	HT0636		head_neck			puc18
L2518	HT0697		head_neck			puc18
L2519	HT0698		head_neck			puc18
L2522	HT0704		head_neck			puc18
L2539	HT0727		head_neck			puc18
L2540	HT0728		head_neck			puc18
L2543	HT0734		head_neck			puc18
L2550	HT0743		head_neck			puc18
L2570	HT0771		head_neck			puc18
L2598	HT0809		head_neck			puc18
L2634	HT0872		head_neck			puc18
L2637	HT0877		head_neck			puc18
L2640	HT0881		head_neck			puc18
L2647	HT0894		head_neck			puc18
L2650	HT0934		head_neck			puc18
L2651	NIH_MGC_20	melanotic melanoma	skin			pOTB7
L2653	NIH_MGC_58	hypernephroma	kidney			pDNR-LIB (~~Clontech~~CLONTECH

						™)
L2654	NIH_MGC_9	adenocarcinoma cell line	ovary			pOTB7
L2655	NIH_MGC_55	from acute myelogenous leukemia	bone marrow			pDNR-LIB (~~Clontech~~CLONTECH ™)
L2657	NIH_MGC_54	from chronic myelogenous leukemia	bone marrow			pDNR-LIB (~~Clontech~~CLONTECH ™)
L2667	NT0013		nervous_tumor			puc18
L2669	NT0022		nervous_tumor			puc18
L2670	NT0023		nervous_tumor			puc18
L2671	NT0024		nervous_tumor			puc18
L2677	NT0039		nervous_tumor			puc18
L2686	NT0058		nervous_tumor			puc18
L2702	NT0098		nervous_tumor			puc18
L2708	NT0104		nervous_tumor			puc18
L2709	NT0105		nervous_tumor			puc18
L2716	NT0117		nervous_tumor			puc18
L2738	GN0049		placenta_normal			puc18
L2767	FT0044		prostate_tumor			puc18
L2791	FT0077		prostate_tumor			puc18
L2799	FT0096		prostate_tumor			puc18
L2804	FT0103		prostate_tumor			puc18
L2817	FT0131		prostate_tumor			puc18
L2831	FT0162		prostate_tumor			puc18
L2842	UM0009		uterus			puc18
L2852	UM0077		uterus			puc18
L2865	AN0004		amnion_normal			puc18
L2877	AN0027		amnion_normal			puc18
L2884	AN0041		amnion_normal			puc18
L2902	BN0036		breast_normal			puc18
L2904	BN0042		breast_normal			puc18

L2905	BN0046		breast_normal			puc18
L2906	BN0047		breast_normal			puc18
L2910	BN0070		breast_normal			puc18
L2915	BN0098		breast_normal			puc18
L2919	BN0115		breast_normal			puc18
L2962	BN0221		breast_normal			puc18
L2991	BN0264		breast_normal			puc18
L2999	BN0273		breast_normal			puc18
L3002	BN0276		breast_normal			puc18
L3019	BN0303		breast_normal			puc18
L3071	EN0026		lung_normal			puc18
L3089	ET0018		lung_tumor			puc18
L3104	ET0041		lung_tumor			puc18
L3111	ET0058		lung_tumor			puc18
L3117	ET0068		lung_tumor			puc18
L3118	ET0070		lung_tumor			puc18
L3119	ET0072		lung_tumor			puc18
L3127	ET0084		lung_tumor			puc18
L3140	MT0031		marrow			puc18
L3153	MT0049		marrow			puc18
L3199	OT0019		ovary			puc18
L3204	OT0034		ovary			puc18
L3207	OT0063		ovary			puc18
L3210	OT0067		ovary			puc18
L3215	OT0083		ovary			puc18
L3216	OT0086		ovary			puc18
L3226	FN0019		prostate_normal			puc18
L3262	FN0073		prostate_normal			puc18
L3281	FN0107		prostate_normal			puc18
L3311	FN0180		prostate_normal			puc18
L3316	FN0188		prostate_normal			puc18
L3327	SN0024		stomach_normal			puc18

L3330	SN0041		stomach_normal			puc18
L3352	TN0027		testis_normal			puc18
L3357	TN0034		testis_normal			puc18
L3372	TN0068		testis_normal			puc18
L3374	TN0070		testis_normal			puc18
L3377	TN0079		testis_normal			puc18
L3387	GKB	hepatocellular carcinoma				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3388	GKC	hepatocellular carcinoma				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3391	NIH_MGC_53	carcinoma, cell line	bladder			pDNR-LIB (~~Clontech~~CLONTECH™)
L3402	AN0086		amnion_normal			puc18
L3403	AN0087		amnion_normal			puc18
L3421	BT0634		breast			puc18
L3432	CT0461		colon			puc18
L3435	CT0465		colon			puc18
L3450	CT0508		colon			puc18
L3459	FT0175		prostate_tumor			puc18
L3466	GN0020		placenta_normal			puc18
L3480	GN0057		placenta_normal			puc18
L3484	GN0067		placenta_normal			puc18
L3485	GN0070		placenta_normal			puc18
L3491	GN0076		placenta_normal			puc18
L3496	HT0572		head_neck			puc18
L3499	HT0617		head_neck			puc18
L3503	HT0870		head_neck			puc18
L3504	HT0873		head_neck			puc18
L3506	HT0879		head_neck			puc18
L3511	HT0900		head_neck			puc18
L3516	HT0913		head_neck			puc18

L3518	HT0915		head_neck			puc18
L3521	HT0919		head_neck			puc18
L3530	HT0939		head_neck			puc18
L3561	TN0025		testis_normal			puc18
L3562	TN0030		testis_normal			puc18
L3603	UM0093		uterus			puc18
L3618	UT0050		uterus_tumor			puc18
L3632	UT0074		uterus_tumor			puc18
L3642	ADA	Adrenal gland				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3643	ADB	Adrenal gland				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3644	ADC	Adrenal gland				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3645	Cu	adrenal cortico adenoma for Cushing"s syndrome				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3646	DCA					pTriplEx2
L3649	DCB					pTriplEx2
L3653	HTB	Hypothalamus				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3655	HTC	Hypothalamus				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3657	HTF	Hypothalamus				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3658	cdA	pheochromocytoma				pTriplEx2
L3659	CB	cord blood				~~pBluescript~~pBLUESCRIPT™
L3661	NPA	pituitary				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3665	NIH_MGC_75		kidney			pDNR-LIB (~~Clontech~~CLONTECH™)
L3667	NIH_MGC_79		placenta			pDNR-LIB

						(~~Clontech~~CLONTECH ™)
L3673	AN0084		amnion_normal			puc18
L3684	BT0812		breast			puc18
L3705	CT0486		colon			puc18
L3729	GN0079		placenta_normal			puc18
L3744	HT0916		head_neck			puc18
L3750	HT0945		head_neck			puc18
L3783	TN0136		testis_normal			puc18
L3807	UT0077		uterus_tumor			puc18
L3808	UT0078		uterus_tumor			puc18
L3811	NPC	pituitary				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3812	NPD	pituitary				~~pBluescript~~pBLUESCRIPT™ sk(-)
L3813	TP	pituitary tumor				pTriplEx2
L3814	BM	Bone marrow				pTriplEx2
L3815	MDS	Bone marrow				pTriplEx2
L3816	HEMBA1	whole embryo, mainly head				pME18SFL3
L3817	HEMBB1	whole embryo, mainly body				pME18SFL3
L3819	NIH_MGC_76		liver			pDNR-LIB (~~Clontech~~CLONTECH ™)
L3824	NT2RM2			NT2		pME18SFL3
L3825	NT2RM4			NT2		pME18SFL3
L3826	NT2RP1			NT2		pUC19FL3
L3827	NT2RP2			NT2		pME18SFL3
L3828	NT2RP3			NT2		pME18SFL3
L3829	NT2RP4			NT2		pME18SFL3
L3831	OVARC1	ovary, tumor tissue				pME18SFL3

L3832	PLACE1	placenta				pME18SFL3
L3834	PLACE3	placenta				pME18SFL3
L3837	THYRO1	thyroid gland				pME18SFL3
L3841	NIH_MGC_18	large cell carcinoma	lung			pOTB7
L3871	NIH_MGC_19	neuroblastoma	brain			pOTB7
L3872	NCI_CGAP_Skn1		skin, normal, 4 pooled sa			pCMV-SPORT6
L3904	NCI_CGAP_Brn64	glioblastoma with EGFR amplification	brain			pCMV-SPORT6
L3905	NCI_CGAP_Brn67	anaplastic oligodendroglioma with 1p/19q loss	brain			pCMV-SPORT6
L4497	NCI_CGAP_Br22	invasive ductal carcinoma, 3 pooled samples	breast			pCMV-SPORT6
L4501	NCI_CGAP_Sub8					pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L4537	NCI_CGAP_Thy7	follicular adenoma (benign lesion)	thyroid			pAMP10
L4556	NCI_CGAP_HN13	squamous cell carcinoma	tongue			pCMV-SPORT6
L4558	NCI_CGAP_Pan3		pancreas			pCMV-SPORT6
L4560	NCI_CGAP_Ut7	tumor	uterus			pCMV-SPORT6
L4669	NCI_CGAP_Ov41	serous papillary tumor	ovary			pCMV-SPORT6
L4747	NCI_CGAP_Brn41	oligodendroglioma	brain			pT7T3D-Pac (~~Pharmacia~~PHARMACIA™) with a modified polylinker
L5286	NCI_CGAP_Thy10	medullary carcinoma	thyroid			pAMP10
L5564	NCI_CGAP_HN20		normal head/neck tissue			pAMP1
L5565	NCI_CGAP_Brn66	glioblastoma with probably TP53 mutation	brain			pCMV-SPORT6

		and witho				
L5566	NCI_CGAP_Brn70	anaplastic oligodendroglioma	brain			pCMV-SPORT6.ccdb
L5568	NCI_CGAP_HN21	nasopharyngeal carcinoma	head/neck			pAMP1
L5569	NCI_CGAP_HN17	normal epithelium	nasopharynx			pAMP10
L5574	NCI_CGAP_HN19	normal epithelium	nasopharynx			pAMP10
L5575	NCI_CGAP_Brn65	glioblastoma without EGFR amplification	brain			pCMV-SPORT6
L5622	NCI_CGAP_Skn3		skin			pCMV-SPORT6
L5623	NCI_CGAP_Skn4	squamous cell carcinoma	skin			pCMV-SPORT6

Description of Table 5

Table 5 provides a key to the OMIM reference identification numbers disclosed in Table 1B.1, column 9. OMIM reference identification numbers (Column 1) were derived from Online Mendelian Inheritance in Man (Online Mendelian Inheritance in Man, OMIM. McKusick-Nathans Institute for Genetic Medicine, Johns Hopkins University (Baltimore, MD) and National Center for Biotechnology Information, National Library of Medicine, (Bethesda, MD) 2000. World Wide Web URL: http://www.ncbi.nlm.nih.gov/omim/). Column 2 provides diseases associated with the cytologic band disclosed in Table 1B.1, column 8, as determined using the Morbid Map database.

Table 5

OMIM Reference	Description
100690	Myasthenic syndrome, slow-channel congenital, 601462
100710	Myasthenic syndrome, slow-channel congenital, 601462
101000	Meningioma, NF2-related, sporadic Schwannoma, sporadic
101000	Neurofibromatosis, type 2
101000	Neurolemmomatosis
101000	Malignant mesothelioma, sporadic
102578	Leukemia, acute promyelocytic, PML/RARA type
102770	Myoadenylate deaminase deficiency
103050	Autism, succinylpurinemic
103050	Adenylosuccinase deficiency
103850	Aldolase A deficiency
104770	Amyloidosis, secondary, susceptibility to
106100	Angioedema, hereditary
106150	Hypertension, essential, susceptibility to
106150	Preeclampsia, susceptibility to
106165	Hypertension, essential, 145500
106180	Myocardial infarction, susceptibility to
107300	Antithrombin III deficiency
107670	Apolipoprotein A-II deficiency
107741	Hyperlipoproteinemia, type III
107777	Diabetes insipidus, nephrogenic, autosomal recessive, 222000
108725	Atherosclerosis, susceptibility to
108985	Atrophia areata
109270	Renal tubular acidosis, distal, 179800
109270	Spherocytosis, hereditary
109270	[Acanthocytosis, one form]
109270	[Elliptocytosis, Malaysian-Melanesian type]
109270	Hemolytic anemia due to band 3 defect
109560	Leukemia/lymphoma, B-cell, 3
109690	Asthma, nocturnal, susceptibility to
109690	Obesity, susceptibility to
109700	Hemodialysis-related amyloidosis
110100	Blepharophimosis, epicanthus inversus, and ptosis, type 1
110700	Vivax malaria, susceptibility to
113100	Brachydactyly, type C

113900	Heart block, progressive familial, type I
114835	Monocyte carboxyesterase deficiency
115665	Cataract, congenital, Volkmann type
116800	Cataract, Marner type
116806	Colorectal cancer
116860	Cavernous angiomatous malformations
117700	[Hypoceruloplasminemia, hereditary]
117700	Hemosiderosis, systemic, due to aceruloplasminemia
118485	Polycystic ovary syndrome with hyperandrogenemia
118800	Choreoathetosis, familial paroxysmal
120070	Alport syndrome, autosomal recessive, 203780
120131	Alport syndrome, autosomal recessive, 203780
120131	Hematuria, familial benign
120140	Osteoarthrosis, precocious
120140	SED congenita
120140	SMED Strudwick type
120140	Stickler syndrome, type I
120140	Wagner syndrome, type II
120140	Achondrogenesis-hypochondrogenesis, type II
120140	Kniest dysplasia
120150	Osteogenesis imperfecta, 4 clinical forms, 166200, 166210, 259420, 166220
120150	Osteoporosis, idiopathic, 166710
120150	Ehlers-Danlos syndrome, type VIIA1, 130060
120215	Ehlers-Danlos syndrome, type I, 130000
120215	Ehlers-Danlos syndrome, type II, 130010
120260	Epiphyseal dysplasia, multiple, type 2, 600204
120435	Muir-Torre syndrome, 158320
120435	Colorectal cancer, hereditary, nonpolyposis, type 1 Ovarian cancer
120550	C1q deficiency, type A
120570	C1q deficiency, type B
120575	C1q deficiency, type C
120700	C3 deficiency
120950	C8 deficiency, type I
120960	C8 deficiency, type II
121050	Contractural arachnodactyly, congenital
121360	Myeloid leukemia, acute, M4Eo subtype
121800	Corneal dystrophy, crystalline, Schnyder
122720	Nicotine addiction, protection from
122720	Coumarin resistance, 122700
123000	Craniometaphyseal dysplasia
123270	[Creatine kinase, brain type, ectopic expression of]
123620	Cataract, cerulean, type 2, 601547
123660	Cataract, Coppock-like
123940	White sponge nevus, 193900
124030	Parkinsonism, susceptibility to
124030	Debrisoquine sensitivity
124200	Darier disease (keratosis follicularis)
125370	Dentatorubro-pallidoluysian atrophy
125660	Myopathy, desminopathic
125660	Cardiomyopathy
126090	Hyperphenylalaninemia due to pterin-4a-carbinolamine dehydratase

	deficiency, 264070
126337	Myxoid liposarcoma
126340	Xeroderma pigmentosum, group D, 278730
126391	DNA ligase I deficiency
126600	Drusen, radial, autosomal dominant
129010	Neuropathy, congenital hypomyelinating, 1
129900	EEC syndrome-1
130410	Glutaricaciduria, type IIB
130500	Elliptocytosis-1
131210	Atherosclerosis, susceptibility to
131244	Hirschsprung disease-2, 600155
131400	Eosinophilia, familial
132700	Cylindromatosis
133171	[Erythrocytosis, familial], 133100
133200	Erythrokeratodermia variabilis
133530	Xeroderma pigmentosum, group G, 278780
133701	Exostoses, multiple, type 2
133780	Vitreoretinopathy, exudative, familial
134790	Hyperferritinemia-cataract syndrome, 600886
135300	Fibromatosis, gingival
135940	Ichthyosis vulgaris, 146700
136132	[Fish-odor syndrome], 602079
136350	Pfeiffer syndrome, 101600
136435	Ovarian dysgenesis, hypergonadotropic, with normal karyotype, 233300
136550	Macular dystrophy, North Carolina type
136836	Fucosyltransferase-6 deficiency
138030	[Hyperproglucagonemia]
138040	Cortisol resistance
138140	Glucose transport defect, blood-brain barrier
138160	Diabetes mellitus, noninsulin-dependent
138160	Fanconi-Bickel syndrome, 227810
138300	Hemolytic anemia due to glutathione reductase deficiency
138570	Non-insulin dependent diabetes mellitus, susceptibility to
138700	[Apolipoprotein H deficiency]
138981	Pulmonary alveolar proteinosis, 265120
139250	Isolated growth hormone deficiency, Illig type with absent GH and Kowarski type with bioinactive GH
139350	Epidermolytic hyperkeratosis, 113800
139350	Keratoderma, palmoplantar, nonepidermolytic
140100	[Anhaptoglobinemia]
140100	[Hypohaptogloginemia]
141750	Alpha-thalassemia/mental retardation syndrome, type 1
141800	Methemoglobinemias, alpha-
141800	Thalassemias, alpha-
141800	Erythremias, alpha-
141800	Heinz body anemias, alpha-
141850	Thalassemia, alpha-
141850	Erythrocytosis
141850	Heinz body anemia
141850	Hemoglobin H disease
141850	Hypochromic microcytic anemia

142335	Hereditary persistence of fetal hemoglobin, heterocellular, Indian type
142600	Hemolytic anemia due to hexokinase deficiency
142989	Synpolydactyly, type II, 186000
143890	Hypercholesterolemia, familial
145001	Hyperparathyroidism-jaw tumor syndrome
145260	Pseudohypoaldosteronism, type II
145505	Hypertension, essential
145981	Hypocalciuric hypercalcemia, type II
146200	Hypoparathyroidism, familial
146760	[IgG receptor I, phagocytic, familial deficiency of]
146790	Lupus nephritis, susceptibility to
147141	Leukemia, acute lymphoblastic
147440	Growth retardation with deafness and mental retardation
147670	Rabson-Mendenhall syndrome
147670	Diabetes mellitus, insulin-resistant, with acanthosis nigricans
147670	Leprechaunism
147781	Atopy, susceptibility to
148040	Epidermolysis bullosa simplex, Koebner, Dowling-Meara, and Weber-Cockayne types, 131900, 131760, 131800
148041	Pachyonychia congenita, Jadassohn-Lewandowsky type, 167200
148043	Meesmann corneal dystrophy, 122100
148065	White sponge nevus, 193900
148070	Liver disease, susceptibility to, from hepatotoxins or viruses
148080	Epidermolytic hyperkeratosis, 113800
148370	Keratolytic winter erythema
148900	Klippel-Feil syndrome with laryngeal malformation
150200	[Placental lactogen deficiency]
150210	Lactoferrin-deficient neutrophils, 245480
150292	Epidermolysis bullosa, Herlitz junctional type, 226700
151440	Leukemia, T-cell acute lymphoblastoid
151670	Hepatic lipase deficiency
152427	Long QT syndrome-2
152445	Vohwinkel syndrome, 124500
152445	Erythrokeratoderma, progressive symmetric, 602036
152760	Hypogonadotropic hypogonadism due to GNRH deficiency, 227200
152780	Hypogonadism, hypergonadotropic
152780	Male pseudohermaphroditism due to defective LH
152790	Precocious puberty, male, 176410
152790	Leydig cell hypoplasia
153454	Ehlers-Danlos syndrome, type VI, 225400
153455	Cutis laxa, recessive, type I, 219100
154275	Malignant hyperthermia susceptibility 2
154276	Malignant hyperthermia susceptibility 3
154545	Chronic infections, due to opsonin defect
154550	Carbohydrate-deficient glycoprotein syndrome, type Ib, 602579
155555	[Red hair/fair skin]
155555	UV-induced skin damage, vulnerability to
156232	Mesomelic dysplasia, Kantaputra type
156850	Cataract, congenital, with microphthalmia
157147	Abetalipoproteinemia, 200100

157170	Holoprosencephaly-2
157640	PEO with mitochondrial DNA deletions, type 1
158590	Spinal muscular atrophy-4
159000	Muscular dystrophy, limb-girdle, type 1A
159001	Muscular dystrophy, limb-girdle, type 1B
160760	Cardiomyopathy, familial hypertrophic, 1, 192600
160760	Central core disease, one form
160781	Cardiomyopathy, hypertrophic, mid-left ventricular chamber type
160900	Myotonic dystrophy
162150	Obestiy with impaired prohormone processing, 600955
162200	Neurofibromatosis, type 1
162200	Watson syndrome, 193520
162400	Neuropathy, hereditary sensory and autonomic, type 1
163729	Hypertension, pregnancy-induced
163950	Noonan syndrome-1
163950	Cardiofaciocutaneous syndrome, 115150
164731	Ovarian carcinoma, 167000
164770	Myeloid malignancy, predisposition to
164953	Liposarcoma
167410	Rhabdomyosarcoma, alveolar, 268220
168360	Paraneoplastic sensory neuropathy
168450	Hypoparathyroidism, autosomal dominant
168450	Hypoparathyroidism, autosomal recessive
168468	Metaphyseal chondrodysplasia, Murk Jansen type, 156400
168500	Parietal foramina
169600	Hailey-Hailey disease
170500	Myotonia congenita, atypical acetazolamide-responsive
170500	Paramyotonia congenita, 168300
170500	Hyperkalemic periodic paralysis
171190	Hypertension, essential, 145500
171650	Lysosomal acid phosphatase deficiency
171760	Hypophosphatasia, adult, 146300
171760	Hypophosphatasia, infantile, 241500
172400	Hemolytic anemia due to glucosephosphate isomerase deficiency
172400	Hydrops fetalis, one form
172430	Enolase deficiency
172471	Glycogenosis, hepatic, autosomal
172490	Phosphorylase kinase deficiency of liver and muscle, 261750
173470	Glanzmann thrombasthenia, type B
173610	Platelet alpha/delta storage pool deficiency
173850	Polio, susceptibility to
173870	Xeroderma pigmentosum
173870	Fanconi anemia
173910	Polycystic kidney disease, adult, type II
174000	Medullary cystic kidney disease, AD
174900	Polyposis, juvenile intestinal
176100	Porphyria cutanea tarda
176100	Porphyria, hepatoerythropoietic
176450	Sacral agenesis-1
176830	Obesity, adrenal insufficiency, and red hair
176830	ACTH deficiency
176930	Dysprothrombinemia

176930	Hypoprothrombinemia
176960	Pituitary tumor, invasive
177400	Apnea, postanesthetic
178300	Ptosis, hereditary congenital, 1
178600	Pulmonary hypertension, familial primary
178640	Pulmonary alveolar proteinosis, congenital, 265120
179095	Male infertility
179755	Renal cell carcinoma, papillary, 1
180069	Retinal dystrophy, autosomal recessive, childhood-onset
180069	Retinitis pigmentosa-20
180069	Leber congenital amaurosis-2, 204100
180071	Retinitis pigmentosa, autosomal recessive
180100	Retinitis pigmentosa-1
180105	Retinitis pigmentosa-10
180380	Night blindness, congenital stationery, rhodopsin-related
180380	Retinitis pigmentosa, autosomal recessive
180380	Retinitis pigmentosa-4, autosomal dominant
180901	Malignant hyperthermia susceptibility 1, 145600
180901	Central core disease, 117000
181405	Scapuloperoneal spinal muscular atrophy, New England type
181430	Scapuloperoneal syndrome, myopathic type
181460	Schistosoma mansoni, susceptibility/resistance to
182138	Anxiety-related personality traits
182280	Small-cell cancer of lung
182290	Smith-Magenis syndrome
182380	Glucose/galactose malabsorption
182381	Renal glucosuria, 253100
182600	Spastic paraplegia-3A
182601	Spastic paraplegia-4
182860	Pyropoikilocytosis
182860	Spherocytosis, recessive
182860	Elliptocytosis-2
182900	Spherocytosis-2
185800	Symphalangism, proximal
186580	Arthrocutaneouveal granulomatosis
186880	Leukemia/lymphoma, T-cell
186921	Leukemia, T-cell acute lymphoblastic
187040	Leukemia-1, T-cell acute lymphoblastic
188070	Bleeding disorder due to defective thromboxane A2 receptor
188450	Goiter, adolescent multinodular
188450	Goiter, nonendemic, simple
188450	Hypothyroidism, hereditary congenital
188826	Sorsby fundus dystrophy, 136900
189800	Preeclampsia/eclampsia
190040	Meningioma, SIS-related
190040	Dermatofibrosarcoma protuberans
190040	Giant-cell fibroblastoma
190195	Ichthyosiform erythroderma, congenital, 242100
190195	Ichthyosis, lamellar, autosomal recessive, 242300
190198	Leukemia, T-cell acute lymphoblastic
190300	Tremor, familial essential, 1
190605	Triphalangeal thumb-polysyndactyly syndrome

191044	Cardiomyopathy, familial hypertrophic
191092	Tuberous sclerosis-2
191315	Insensitivity to pain, congenital, with anhidrosis, 256800
192090	Ovarian carcinoma
192090	Breast cancer, lobular
192090	Endometrial carcinoma
192090	Gastric cancer, familial, 137215
192340	Diabetes insipidus, neurohypophyseal, 125700
192974	Neonatal alloimmune thrombocytopenia
192974	Glycoprotein Ia deficiency
193300	Renal cell carcinoma
193300	von Hippel-Lindau syndrome
193500	Rhabdomyosarcoma, alveolar, 268220
193500	Waardenburg syndrome, type I
193500	Waardenburg syndrome, type III, 148820
193500	Craniofacial-deafness-hand syndrome, 122880
201450	Acyl-CoA dehydrogenase, medium chain, deficiency of
201460	Acyl-CoA dehydrogenase, long chain, deficiency of
201475	VLCAD deficiency
201810	3-beta-hydroxysteroid dehydrogenase, type II, deficiency
203300	Hermansky-Pudlak syndrome
203500	Alkaptonuria
205100	Amyotrophic lateral sclerosis, juvenile
205900	Anemia, Diamond-Blackfan
207750	Hyperlipoproteinemia, type Ib
208250	Jacobs syndrome
208400	Aspartylglucosaminuria
212138	Carnitine-acylcarnitine translocase deficiency
216550	Cohen syndrome
216900	Achromatopsia
217300	Cornea plana congenita, recessive
217800	Macular corneal dystrophy
218030	Apparent mineralocorticoid excess, hypertension due to
221770	Polycystic lipomembranous osteodysplasia with sclerosing leukencephalopathy
221820	Gliosis, familial progressive subcortical
222700	Lysinuric protein intolerance
222745	DECR deficiency
222800	Hemolytic anemia due to bisphosphoglycerate mutase deficiency
222900	Sucrose intolerance
225500	Ellis-van Creveld syndrome
227645	Fanconi anemia, type C
227646	Fanconi anemia, type D
227650	Fanconi anemia, type A
229700	Fructose-bisphosphatase deficiency
229800	[Fructosuria]
230000	Fucosidosis
230400	Galactosemia
230800	Gaucher disease
230800	Gaucher disease with cardiovascular calcification
231550	Achalasia-addisonianism-alacrimia syndrome
231670	Glutaricaciduria, type I

231675	Glutaricaciduria, type IIC
231680	Glutaricaciduria, type IIA
232300	Glycogen storage disease II
232700	Glycogen storage disease VI
232800	Glycogen storage disease VII
233700	Chronic granulomatous disease due to deficiency of NCF-1
234200	Neurodegeneration with brain iron accumulation
236250	Homocystinuria due to MTHFR deficiency
236730	Urofacial syndrome
237300	Carbamoylphosphate synthetase I deficiency
239100	Van Buchem disease
240400	Scurvy
245200	Krabbe disease
245900	Norum disease
245900	Fish-eye disease
246450	HMG-CoA lyase deficiency
248510	Mannosidosis, beta-
248600	Maple syrup urine disease, type Ia
248610	Maple syrup urine disease, type II
249000	Meckel syndrome
250250	Cartilage-hair hypoplasia
250790	Methemoglobinemia due to cytochrome b5 deficiency
250850	Hypermethioninemia, persistent, autosomal dominant, due to methionine adenosyltransferase I/III deficiency
251170	Mevalonicaciduria
251600	Microphthalmia, autosomal recessive
252500	Mucolipidosis II
252500	Mucolipidosis III
252900	Sanfilippo syndrome, type A
253000	Mucopolysaccharidosis IVA
253250	Mulibrey nanism
255800	Schwartz-Jampel syndrome
256030	Nemaline myopathy-2
256540	Galactosialidosis
256700	Neuroblastoma
256731	Ceroid-lipofuscinosis, neuronal-5, variant late infantile
257200	Niemann-Pick disease, type A
257200	Niemann-Pick disease, type B
258501	3-methylglutaconicaciduria, type III
258900	Oroticaciduria
259900	Hyperoxaluria, primary, type 1
262000	Bjornstad syndrome
266200	Anemia, hemolytic, due to PK deficiency
270100	Situs inversus viscerum
270200	Sjogren-Larsson syndrome
272750	GM2-gangliosidosis, AB variant
272800	Tay-Sachs disease
272800	[Hex A pseudodeficiency]
272800	GM2-gangliosidosis, juvenile, adult
273800	Thrombocytopenia, neonatal alloimmune
273800	Glanzmann thrombasthenia, type A
276600	Tyrosinemia, type II

276700	Tyrosinemia, type I
276710	Tyrosinemia, type III
276900	Usher syndrome, type 1A
276901	Usher syndrome, type 2
276902	Usher syndrome, type 3
277700	Werner syndrome
278700	Xeroderma pigmentosum, group A
278760	Xeroderma pigmentosum, group F
300000	Opitz G syndrome, type I
300008	Nephrolithiasis, type I, 310468
300008	Proteinuria, low molecular weight, with hypercalciuric nephrocalcinosis
300008	Dent disease, 300009
300008	Hypophosphatemia, type III
300011	Menkes disease, 309400
300011	Occipital horn syndrome, 304150
300011	Cutis laxa, neonatal
300031	Mental retardation, X-linked, FRAXF type
300044	Wernicke-Korsakoff syndrome, susceptibility to
300046	Mental retardation, X-linked 23, nonspecific
300047	Mental retardation, X-linked 20
300048	Intestinal pseudoobstruction, neuronal, X-linked
300049	Nodular heterotopia, bilateral periventricular
300049	BPNH/MR syndrome
300055	Mental retardation with psychosis, pyramidal signs, and macroorchidism
300066	Deafness, X-linked 6, sensorineural
300071	Night blindness, congenital stationary, type 2
300075	Coffin-Lowry syndrome, 303600
300077	Mental retardation, X-linked 29
300100	Adrenoleukodystrophy
300100	Adrenomyeloneuropathy
300104	Mental retardation, X-linked nonspecific, 309541
300110	Night blindness, congenital stationary, X-linked incomplete, 300071
300123	Mental retardation with isolated growth hormone deficiency
300126	Dyskeratosis congenita-1, 305000
300127	Mental retardation, X-linked, 60
300310	Agammaglobulinemia, type 2, X-linked
300600	Ocular albinism, Forsius-Eriksson type
301000	Thrombocytopenia, X-linked, 313900
301000	Wiskott-Aldrich syndrome
301200	Amelogenesis imperfecta
301201	Amelogenesis imperfecta-3, hypoplastic type
301220	Partington syndrome II
301590	Anophthalmos-1
301830	Arthrogryposis, X-linked (spinal muscular atrophy, infantile, X-linked)
301835	Arts syndrome
301845	Bazex syndrome
302060	Noncompaction of left ventricular myocardium, isolated
302060	Barth syndrome

302060	Cardiomyopathy, X-linked dilated, 300069
302060	Endocardial fibroelastosis-2
302350	Nance-Horan syndrome
302801	Charcot-Marie-Tooth neuropathy, X-linked-2, recessive
302960	Chondrodysplasia punctata, X-linked dominant
303700	Colorblindness, blue monochromatic
303800	Colorblindness, deutan
303900	Colorblindness, protan
304040	Charcot-Marie-Tooth neuropathy, X-linked-1, dominant, 302800
304050	Aicardi syndrome
304110	Craniofrontonasal dysplasia
304800	Diabetes insipidus, nephrogenic
305100	Anhidrotic ectodermal dysplasia
305435	Heterocellular hereditary persistence of fetal hemoglobin, Swiss type
305450	FG syndrome
305900	Favism
305900	G6PD deficiency
305900	Hemolytic anemia due to G6PD deficiency
306000	Glycogenosis, X-linked hepatic, type I
306000	Glycogenosis, X-linked hepatic, type II
306100	Gonadal dysgenesis, XY female type
306700	Hemophilia A
306995	[Homosexuality, male]
307150	Hypertrichosis, congenital generalized
307800	Hypophosphatemia, hereditary
308310	Incontinentia pigmenti, familial
308800	Keratosis follicularis spinulosa decalvans
308840	Spastic paraplegia, 312900
308840	Hydrocephalus due to aqueductal stenosis, 307000
308840	MASA syndrome, 303350
309200	Manic-depressive illness, X-linked
309470	Mental retardation, X-linked, syndromic-3, with spastic diplegia
309500	Renpenning syndrome-1
309510	Mental retardation, X-linked, syndromic-1, with dystonic movements, ataxia, and seizures
309530	Mental retardation, X-linked 1, non-dysmorphic
309548	Mental retardation, X-linked, FRAXE type
309585	Mental retardation, X-linked, syndromic-6, with gynecomastia and obesity
309605	Mental retardation, X-linked, syndromic-4, with congenital contractures and low fingertip arches
309610	Mental retardation, X-linked, syndromic-2, with dysmorphism and cerebral atrophy
309620	Mental retardation-skeletal dysplasia
309850	Brunner syndrome
309900	Mucopolysaccharidosis II
310300	Emery-Dreifuss muscular dystrophy
310400	Myotubular myopathy, X-linked
310460	Myopia-1
310460	Bornholm eye disease
310490	Cowchock syndrome

311050	Optic atrophy, X-linked
311200	Oral-facial-digital syndrome 1
311300	Otopalatodigital syndrome, type I
311510	Waisman parkinsonism-mental retardation syndrome
311850	Phosphoribosyl pyrophosphate synthetase-related gout
312040	N syndrome, 310465
312060	Properdin deficiency, X-linked
312170	Pyruvate dehydrogenase deficiency
312700	Retinoschisis
312760	Turner syndrome
313400	Spondyloepiphyseal dysplasia tarda
313700	Perineal hypospadias
313700	Prostate cancer
313700	Spinal and bulbar muscular atrophy of Kennedy, 313200
313700	Breast cancer, male, with Reifenstein syndrome
313700	Androgen insensitivity, several forms
314250	Dystonia-3, torsion, with parkinsonism, Filipino type
314300	Goeminne TKCR syndrome
314400	Cardiac valvular dysplasia-1
314580	Wieacker-Wolff syndrome
600040	Colorectal cancer
600079	Colon cancer
600101	Deafness, autosomal dominant 2
600119	Muscular dystrophy, Duchenne-like, type 2
600119	Adhalinopathy, primary
600138	Retinitis pigmentosa-11
600140	Rubenstein-Taybi syndrome, 180849
600163	Long QT syndrome-3
600173	SCID, autosomal recessive, T-negative/B-positive type
600175	Spinal muscular atrophy, congenital nonprogressive, of lower limbs
600194	Ichthyosis bullosa of Siemens, 146800
600223	Spinocerebellar ataxia-4
600231	Palmoplantar keratoderma, Bothnia type
600234	HMG-CoA synthease-2 deficiency
600243	Temperature-sensitive apoptosis
600258	Colorectal cancer, hereditary nonpolyposis, type 3
600266	Resistance/susceptibility to TB, etc.
600273	Polycystic kidney disease, infantile severe, with tuberous sclerosis
600276	Cerebral arteriopathy with subcortical infarcts and leukoencephalopathy, 125310
600281	Non-insulin-dependent diabetes mellitus, 125853
600281	MODY, type 1, 125850
600309	Atrioventricular canal defect-1
600310	Pseudoachondroplasia, 177170
600310	Epiphyseal dysplasia, multiple 1, 132400
600320	Insulin-dependent diabetes mellitus-5
600332	Rippling muscle disease-1
600359	Bartter syndrome, type 2
600374	Bardet-Biedl syndrome 4
600510	Pigment dispersion syndrome
600512	Epilepsy, partial
600525	Trichodontoosseous syndrome, 190320

600536	Myopathy, congenital
600593	Craniosynostosis, Adelaide type
600617	Lipoid adrenal hyperplasia, 201710
600623	Prostate cancer, 176807
600631	Enuresis, nocturnal, 1
600650	Myopathy due to CPT II deficiency, 255110
600650	CPT deficiency, hepatic, type II, 600649
600652	Deafness, autosomal dominant 4
600698	Salivary adenoma
600698	Uterine leiomyoma
600698	Lipoma
600698	Lipomatosis, mutiple, 151900
600722	Ceroid lipofuscinosis, neuronal, variant juvenile type, with granular osmiophilic deposits
600722	Ceroid lipofuscinosis, neuronal-1, infantile, 256730
600725	Holoprosencephaly-3, 142945
600757	Orofacial cleft-3
600759	Alzheimer disease-4
600792	Deafness, autosomal recessive 5
600807	Bronchial asthma
600808	Enuresis, nocturnal, 2
600811	Xeroderma pigmentosum, group E, DDB-negative subtype, 278740
600850	Schizophrenia disorder-4
600852	Retinitis pigmentosa-17
600881	Cataract, congenital, zonular, with sutural opacities
600882	Charcot-Marie-Tooth neuropathy-2B
600897	Cataract, zonular pulverulent-1, 116200
600918	Cystinuria, type III
600956	Persistent Mullerian duct syndrome, type II, 261550
600957	Persistent Mullerian duct syndrome, type I, 261550
600958	Cardiomyopathy, familial hypertrophic, 4, 115197
600968	Gitelman syndrome, 263800
600975	Glaucoma 3, primary infantile, B
600995	Nephrotic syndrome, idiopathic, steroid-resistant
600996	Arrhythmogenic right ventricular dysplasia-2
601097	Neuropathy, recurrent, with pressure palsies, 162500
601097	Charcot-Marie-Tooth neuropathy-1A, 118220
601097	Dejerine-Sottas disease, PMP22 related, 145900
601105	Pycnodysostosis, 265800
601199	Neonatal hyperparathyroidism, 239200
601199	Hypocalcemia, autosomal dominant, 601198
601199	Hypocalciuric hypercalcemia, type I, 145980
601238	Cerebellar ataxia, Cayman type
601277	Ichthyosis, lamellar, type 2
601284	Hereditary hemorrhagic telangiectasia-2, 600376
601295	Bile acid malabsorption, primary
601309	Basal cell carcinoma, sporadic
601309	Basal cell nevus syndrome, 109400
601313	Polycystic kidney disease, adult type I, 173900
601369	Deafness, autosomal dominant 9
601386	Deafness, autosomal recessive 12
601402	Leukemia, myeloid, acute

601412	Deafness, autosomal dominant 7
601414	Retinitis pigmentosa-18
601458	Inflammatory bowel disease-2
601493	Cardiomyopathy, dilated 1C
601517	Spinocerebellar ataxia-2, 183090
601518	Prostate cancer, hereditary, 1, 176807
601596	Charcot-Marie-Tooth neuropathy, demyelinating
601604	Mycobacterial and salmonella infections, susceptibility to
601650	Paraganglioma, familial nonchromaffin, 2
601652	Glaucoma 1A, primary open angle, juvenile-onset, 137750
601669	Hirschsprung disease, one form
601676	Acute insulin response
601682	Glaucoma 1C, primary open angle
601691	Retinitis pigmentosa-19, 601718
601691	Stargardt disease-1, 248200
601691	Cone-rod dystrophy 3
601691	Fundus flavimaculatus with macular dystrophy, 248200
601692	Reis-Bucklers corneal dystrophy
601692	Corneal dystrophy, Avellino type
601692	Corneal dystrophy, Groenouw type I, 121900
601692	Corneal dystrophy, lattice type I, 122200
601718	Retinitis pigmentosa-19
601744	Systemic lupus erythematosus, susceptibility to, 1
601769	Osteoporosis, involutional
601769	Rickets, vitamin D-resistant, 277440
601771	Glaucoma 3A, primary infantile, 231300
601780	Ceroid-lipofuscinosis, neuronal-6, variant late infantile
601785	Carbohydrate-deficient glycoprotein syndrome, type I, 212065
601843	Hypothyroidism, congenital, 274400
601844	Pseudohypoaldosteronism type II
601846	Muscular dystrophy with rimmed vacuoles
601863	Bare lymphocyte syndrome, complementation group C
601928	Monilethrix, 158000
601954	Muscular dystrophy, limb-girdle, type 2G
601975	Ectodermal dysplasia/skin fragility syndrome
602025	Obesity/hyperinsulinism, susceptibility to
602078	Fibrosis of extraocular muscles, congenital, 2
602085	Postaxial polydactyly, type A2
602086	Arrhythmogenic right ventricular dysplasia-3
602088	Nephronophthisis, infantile
602089	Hemangioma, capillary, hereditary
602092	Deafness, autosomal recessive 18
602094	Lipodystrophy, familial partial
602116	Glioma
602121	Deafness, autosomal dominant nonsyndromic sensorineural, 1, 124900
602134	Tremor, familial essential, 2
602136	Refsum disease, infantile, 266510
602136	Zellweger syndrome-1, 214100
602136	Adrenoleukodystrophy, neonatal, 202370
602153	Monilethrix, 158000
602216	Peutz-Jeghers syndrome, 175200

602225	Cone-rod retinal dystrophy-2, 120970
602225	Leber congenital amaurosis, type III
602279	Oculopharyngeal muscular dystorphy, 164300
602279	Oculopharyngeal muscular dystrophy, autosomal recessive, 257950
602363	Ellis-van Creveld-like syndrome
602403	Alzheimer disease, susceptibility to
602447	Coronary artery disease, susceptibility to
602460	Deafness, autosomal dominant 15, 602459
602477	Febrile convulsions, familial, 2
602491	Hyperlipidemia, familial combined, 1
602522	Bartter syndrome, infantile, with sensorineural deafness
602568	Homocystinuria-megaloblastic anemia, cbl E type, 236270
602574	Deafness, autosomal dominant 12, 601842
602574	Deafness, autosomal dominant 8, 601543
602629	Dystonia-6, torsion
602666	Deafness, autosomal recessive 3, 600316
602716	Nephrosis-1, congenital, Finnish type, 256300
602772	Retinitis pitmentosa-24
602782	Faisalabad histiocytosis
602783	Spastic paraplegia-7

Mature Polypeptides

The present invention also encompasses mature forms of a polypeptide having the amino acid sequence of SEQ ID NO:Y and/or the amino acid sequence encoded by the cDNA in a deposited clone. Polynucleotides encoding the mature forms (such as, for example, the polynucleotide sequence in SEQ ID NO:X and/or the polynucleotide sequence contained in the cDNA of a deposited clone) are also encompassed by the invention. Moreover, fragments or variants of these polypeptides (such as, fragments as described herein, polypeptides at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99%, or 100% identical to these polypeptides, or polypeptides encoded by a polynucleotide that hybridizes under stringent conditions to the complementary strand of the polynucleotide encoding these polypeptides) are also encompassed by the invention. In preferred embodiments, these fragments or variants retain one or more functional acitivities of the full-length or mature form of the polypeptide (e.g., biological activity (such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative disorders), antigenicity (ability to bind, or compete with a polypeptide of the invention for binding, to an anti-polypeptide of the invention antibody), immunogenicity (ability to generate antibody which binds to a specific polypeptide of the invention), ability to form multimers with polypeptides of the invention, and ability to bind to a receptor or ligand for a polypeptide of the invention). Antibodies that bind the polypeptides of the invention, and polynucleotides encoding these polypeptides are also encompassed by the invention.

According to the signal hypothesis, proteins secreted by mammalian cells have a signal or secretary leader sequence which is cleaved from the mature protein once export of the growing protein chain across the rough endoplasmic reticulum has been initiated. Most mammalian cells and even insect cells cleave secreted proteins with the same specificity. However, in some cases, cleavage of a secreted protein is not entirely uniform, which results in two or more mature species of the protein. Further, it has long been known that cleavage specificity of a secreted protein is ultimately determined by the primary structure of the complete protein, that is, it is inherent in the amino acid sequence of the polypeptide.

Methods for predicting whether a protein has a signal sequence, as well as the cleavage point for that sequence, are available. For instance, the method of McGeoch, Virus Res. 3:271-286 (1985), uses the information from a short N-terminal charged region and a subsequent uncharged region of the complete (uncleaved) protein. The method of von Heinje, Nucleic Acids Res. 14:4683-4690 (1986) uses the information from the residues surrounding the cleavage site, typically residues -13 to +2, where +1 indicates the amino terminus of the secreted protein. The accuracy of predicting the cleavage points of known mammalian secretory proteins for each of these methods is in the range of 75-80%. (von Heinje, supra.) However, the two methods do not always produce the same predicted cleavage point(s) for a given protein.

In the present case, the deduced amino acid sequence of the secreted polypeptide was analyzed by a computer program called SignalP (Henrik Nielsen et al., Protein Engineering 10:1-6 (1997)), which predicts the cellular location of a protein based on the amino acid sequence. As part of this computational prediction of localization, the methods of McGeoch and von Heinje are incorporated. The analysis of the amino acid sequences of the secreted proteins described herein by this program provided the results shown in Table 1A.

In specific embodiments, polypeptides of the invention comprise, or alternatively consist of, the predicted mature form of the polypeptide as delineated in columns 14 and 15 of Table 1A. Moreover, fragments or variants of these polypeptides (such as, fragments as described herein, polypeptides at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99%, or 100% identical to these polypeptides, or polypeptides encoded by a polynucleotide that hybridizes under stringent conditions to the complementary strand of the polynucleotide encoding these polypeptides) are also encompassed by the invention. In preferred embodiments, these fragments or variants retain one or more functional acitivities of the full-length or mature form of the polypeptide (e.g., biological activity (such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative disorders), antigenicity (ability to bind, or compete with a polypeptide of the invention for binding, to an anti-polypeptide of the invention antibody), immunogenicity (ability to generate antibody which binds to a specific polypeptide of the invention), ability to form multimers with polypeptides of the invention, and ability to bind to a receptor or ligand for a polypeptide of the invention).

Antibodies that bind the polypeptides of the invention, and polynucleotides encoding these polypeptides are also encompassed by the invention.

Polynucleotides encoding proteins comprising, or consisting of, the predicted mature form of polypeptides of the invention (e.g., polynucleotides having the sequence of SEQ ID NO: X (Table 1A, column 4), the sequence delineated in columns 7 and 8 of Table 1A, and a sequence encoding the mature polypeptide delineated in columns 14 and 15 of Table 1A (e.g., the sequence of SEQ ID NO:X encoding the mature polypeptide delineated in columns 14 and 15 of Table 1)) are also encompassed by the invention, as are fragments or variants of these polynucleotides (such as, fragments as described herein, polynucleotides at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99%, or 100% identical to these polyncueotides, and nucleic acids which hybridizes under stringent conditions to the complementary strand of the polynucleotide).

As one of ordinary skill would appreciate, however, cleavage sites sometimes vary from organism to organism and cannot be predicted with absolute certainty. Accordingly, the present invention provides secreted polypeptides having a sequence shown in SEQ ID NO:Y which have an N-terminus beginning within 15 residues of the predicted cleavage point (i.e., having 1, 2, 3, 4, 5, 6, 7, 8 , 9, 10, 11, 12, 13, 14, or 15 more or less contiguous residues of SEQ ID NO:Y at the N-terminus when compared to the predicted mature form of the polypeptide (e.g., the mature polypeptide delineated in columns 14 and 15 of Table 1). Similarly, it is also recognized that in some cases, cleavage of the signal sequence from a secreted protein is not entirely uniform, resulting in more than one secreted species. These polypeptides, and the polynucleotides encoding such polypeptides, are contemplated by the present invention.

Moreover, the signal sequence identified by the above analysis may not necessarily predict the naturally occurring signal sequence. For example, the naturally occurring signal sequence may be further upstream from the predicted signal sequence. However, it is likely that the predicted signal sequence will be capable of directing the secreted protein to the ER. Nonetheless, the present invention provides the mature protein produced by expression of the polynucleotide sequence of SEQ ID NO:X and/or the polynucleotide sequence contained in the cDNA of a deposited clone, in a mammalian cell (e.g., COS cells, as desribed below). These polypeptides, and the polynucleotides encoding such polypeptides, are contemplated by the present invention.

Polynucleotide and Polypeptide Variants

The present invention is also directed to variants of the polynucleotide sequence disclosed in SEQ ID NO:X or the complementary strand thereto, nucleotide sequences encoding the polypeptide of SEQ ID NO:Y, the nucleotide sequence of SEQ ID NO:X that encodes the polypeptide sequence as defined in columns 13 and 14 of Table 1A, nucleotide sequences encoding the polypeptide sequence as defined in columns 13 and 14 of Table 1A, the nucleotide

sequence of SEQ ID NO:X encoding the polypeptide sequence as defined in Table 1B, the nucleotide sequence as defined in columns 8 and 9 of Table 2, nucleotide sequences encoding the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2, the nucleotide sequence as defined in column 6 of Table 1C, nucleotide sequences encoding the polypeptide encoded by the nucleotide sequence as defined in column 6 of Table 1C, the cDNA sequence contained in ATCCATCC™ Deposit No:Z, nucleotide sequences encoding the polypeptide encoded by the cDNA sequence contained in ATCCATCC™ Deposit No:Z, and/or nucleotide sequences encoding a mature (secreted) polypeptide encoded by the cDNA sequence contained in ATCCATCC™ Deposit No:Z.

The present invention also encompasses variants of the polypeptide sequence disclosed in SEQ ID NO:Y, the polypeptide as defined in columns 13 and 14 of Table 1A, the polypeptide sequence as defined in columns 6 and 7 of Table 1B.1, a polypeptide sequence encoded by the polynucleotide sequence in SEQ ID NO:X, a polypeptide sequence encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2, a polypeptide sequence encoded by the nucleotide sequence as defined in column 6 of Table 1C, a polypeptide sequence encoded by the complement of the polynucleotide sequence in SEQ ID NO:X, the polypeptide sequence encoded by the cDNA sequence contained in ATCCATCC™ Deposit No:Z and/or a mature (secreted) polypeptide encoded by the cDNA sequence contained in ATCCATCC™ Deposit No:Z.

"Variant" refers to a polynucleotide or polypeptide differing from the polynucleotide or polypeptide of the present invention, but retaining essential properties thereof. Generally, variants are overall closely similar, and, in many regions, identical to the polynucleotide or polypeptide of the present invention.

Thus, one aspect of the invention provides an isolated nucleic acid molecule comprising, or alternatively consisting of, a polynucleotide having a nucleotide sequence selected from the group consisting of: (a) a nucleotide sequence described in SEQ ID NO:X or contained in the cDNA sequence of ATCCATCC™ Deposit No:Z; (b) a nucleotide sequence in SEQ ID NO:X or the cDNA in ATCCATCC™ Deposit No:Z which encodes the complete amino acid sequence of SEQ ID NO:Y or the complete amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z; (c) a nucleotide sequence in SEQ ID NO:X or the cDNA in ATCCATCC™ Deposit No:Z which encodes a mature polypeptide (i.e., a secreted polypeptide (e.g., as delineated in columns 14 and 15 of Table 1A)); (d) a nucleotide sequence in SEQ ID NO:X or the cDNA sequence of ATCCATCC™ Deposit No:Z, which encodes a biologically active fragment of a polypeptide; (e) a nucleotide sequence in SEQ ID NO:X or the cDNA sequence of ATCCATCC™ Deposit No:Z, which encodes an antigenic fragment of a polypeptide; (f) a nucleotide sequence encoding a polypeptide comprising the complete amino acid sequence of SEQ ID NO:Y or the complete amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z; (g) a nucleotide sequence encoding a mature polypeptide of the amino acid sequence of

SEQ ID NO:Y (i.e., a secreted polypeptide (e.g., as delineated in columns 14 and 15 of Table 1A)) or a mature polypeptide of the amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z ; (h) a nucleotide sequence encoding a biologically active fragment of a polypeptide having the complete amino acid sequence of SEQ ID NO:Y or the complete amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z; (i) a nucleotide sequence encoding an antigenic fragment of a polypeptide having the complete amino acid sequence of SEQ ID NO:Y or the complete amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z; and (j) a nucleotide sequence complementary to any of the nucleotide sequences in (a), (b), (c), (d), (e), (f), (g), (h), or (i) above.

The present invention is also directed to nucleic acid molecules which comprise, or alternatively consist of, a nucleotide sequence which is at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99% or 100%, identical to, for example, any of the nucleotide sequences in (a), (b), (c), (d), (e), (f), (g), (h), (i), or (j) above, the nucleotide coding sequence in SEQ ID NO:X or the complementary strand thereto, the nucleotide coding sequence of the cDNA contained in ATCCATCC™ Deposit No:Z or the complementary strand thereto, a nucleotide sequence encoding the polypeptide of SEQ ID NO:Y, a nucleotide sequence encoding a polypeptide sequence encoded by the nucleotide sequence in SEQ ID NO:X, a polypeptide sequence encoded by the complement of the polynucleotide sequence in SEQ ID NO:X, a nucleotide sequence encoding the polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z, the nucleotide coding sequence in SEQ ID NO:X as defined in columns 8 and 9 of Table 2 or the complementary strand thereto, a nucleotide sequence encoding the polypeptide encoded by the nucleotide sequence in SEQ ID NO:X as defined in columns 8 and 9 of Table 2 or the complementary strand thereto, the nucleotide coding sequence in SEQ ID NO:B as defined in column 6 of Table 1C or the complementary strand thereto, a nucleotide sequence encoding the polypeptide encoded by the nucleotide sequence in SEQ ID NO:B as defined in column 6 of Table 1C or the complementary strand thereto, the nucleotide sequence in SEQ ID NO:X encoding the polypeptide sequence as defined in columns 6 and 7 of Table 1B.1 or the complementary strand thereto, nucleotide sequences encoding the polypeptide as defined in column 6 and 7 of Table 1B.1 or the complementary strand thereto, and/or polynucleotide fragments of any of these nucleic acid molecules (e.g., those fragments described herein). Polynucleotides which hybridize to the complement of these nucleic acid molecules under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention, as are polypeptides encoded by these polynucleotides and nucleic acids.

In a preferred embodiment, the invention encompasses nucleic acid molecules which comprise, or alternatively, consist of a polynucleotide which hybridizes under stringent hybridization conditions, or alternatively, under lower stringency conditions, to a polynucleotide in (a), (b), (c), (d), (e), (f), (g), (h), or (i), above, as are polypeptides encoded by these

polynucleotides. In another preferred embodiment, polynucleotides which hybridize to the complement of these nucleic acid molecules under stringent hybridization conditions, or alternatively, under lower stringency conditions, are also encompassed by the invention, as are polypeptides encoded by these polynucleotides.

In another embodiment, the invention provides a purified protein comprising, or alternatively consisting of, a polypeptide having an amino acid sequence selected from the group consisting of: (a) the complete amino acid sequence of SEQ ID NO:Y or the complete amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z; (b) the amino acid sequence of a mature (secreted) form of a polypeptide having the amino acid sequence of SEQ ID NO:Y (e.g., as delineated in columns 14 and 15 of Table 1A) or a mature form of the amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z mature; (c) the amino acid sequence of a biologically active fragment of a polypeptide having the complete amino acid sequence of SEQ ID NO:Y or the complete amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z; and (d) the amino acid sequence of an antigenic fragment of a polypeptide having the complete amino acid sequence of SEQ ID NO:Y or the complete amino acid sequence encoded by the cDNA in ATCCATCC™ Deposit No:Z.

The present invention is also directed to proteins which comprise, or alternatively consist of, an amino acid sequence which is at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99% or 100%, identical to, for example, any of the amino acid sequences in (a), (b), (c), or (d), above, the amino acid sequence shown in SEQ ID NO:Y, the amino acid sequence encoded by the cDNA contained in ATCCATCC™ Deposit No:Z, the amino acid sequence of the polypeptide encoded by the nucleotide sequence in SEQ ID NO:X as defined in columns 8 and 9 of Table 2, the amino acid sequence of the polypeptide encoded by the nucleotide sequence in SEQ ID NO:B as defined in column 6 of Table 1C, the amino acid sequence as defined in columns 6 and 7 of Table 1B.1, an amino acid sequence encoded by the nucleotide sequence in SEQ ID NO:X, and an amino acid sequence encoded by the complement of the polynucleotide sequence in SEQ ID NO:X. Fragments of these polypeptides are also provided (e.g., those fragments described herein). Further proteins encoded by polynucleotides which hybridize to the complement of the nucleic acid molecules encoding these amino acid sequences under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention, as are the polynucleotides encoding these proteins.

By a nucleic acid having a nucleotide sequence at least, for example, 95% "identical" to a reference nucleotide sequence of the present invention, it is intended that the nucleotide sequence of the nucleic acid is identical to the reference sequence except that the nucleotide sequence may include up to five point mutations per each 100 nucleotides of the reference nucleotide sequence encoding the polypeptide. In other words, to obtain a nucleic acid having a nucleotide sequence at least 95% identical to a reference nucleotide sequence, up to 5% of the nucleotides in the reference

sequence may be deleted or substituted with another nucleotide, or a number of nucleotides up to 5% of the total nucleotides in the reference sequence may be inserted into the reference sequence. The query sequence may be an entire sequence referred to in Table 1B or 2 as the ORF (open reading frame), or any fragment specified as described herein.

As a practical matter, whether any particular nucleic acid molecule or polypeptide is at least 80%, 85%, 90%, 95%, 96%, 97%, 98% or 99% identical to a nucleotide sequence of the present invention can be determined conventionally using known computer programs. A preferred method for determining the best overall match between a query sequence (a sequence of the present invention) and a subject sequence, also referred to as a global sequence alignment, can be determined using the FASTDB computer program based on the algorithm of Brutlag et al. (Comp. App. Biosci. 6:237-245 (1990)). In a sequence alignment the query and subject sequences are both DNA sequences. An RNA sequence can be compared by converting U's to T's. The result of said global sequence alignment is expressed as percent identity. Preferred parameters used in a FASTDB alignment of DNA sequences to calculate percent identity are: Matrix=Unitary, k-tuple=4, Mismatch Penalty=1, Joining Penalty=30, Randomization Group Length=0, Cutoff Score=1, Gap Penalty=5, Gap Size Penalty 0.05, Window Size=500 or the length of the subject nucleotide sequence, whichever is shorter.

If the subject sequence is shorter than the query sequence because of 5' or 3' deletions, not because of internal deletions, a manual correction must be made to the results. This is because the FASTDB program does not account for 5' and 3' truncations of the subject sequence when calculating percent identity. For subject sequences truncated at the 5' or 3' ends, relative to the query sequence, the percent identity is corrected by calculating the number of bases of the query sequence that are 5' and 3' of the subject sequence, which are not matched/aligned, as a percent of the total bases of the query sequence. Whether a nucleotide is matched/aligned is determined by results of the FASTDB sequence alignment. This percentage is then subtracted from the percent identity, calculated by the above FASTDB program using the specified parameters, to arrive at a final percent identity score. This corrected score is what is used for the purposes of the present invention. Only bases outside the 5' and 3' bases of the subject sequence, as displayed by the FASTDB alignment, which are not matched/aligned with the query sequence, are calculated for the purposes of manually adjusting the percent identity score.

For example, a 90 base subject sequence is aligned to a 100 base query sequence to determine percent identity. The deletions occur at the 5' end of the subject sequence and therefore, the FASTDB alignment does not show a matched/alignment of the first 10 bases at 5' end. The 10 unpaired bases represent 10% of the sequence (number of bases at the 5' and 3' ends not matched/total number of bases in the query sequence) so 10% is subtracted from the percent identity score calculated by the FASTDB program. If the remaining 90 bases were perfectly matched the final percent identity would be 90%. In another example, a 90 base subject sequence

is compared with a 100 base query sequence. This time the deletions are internal deletions so that there are no bases on the 5' or 3' of the subject sequence which are not matched/aligned with the query. In this case the percent identity calculated by FASTDB is not manually corrected. Once again, only bases 5' and 3' of the subject sequence which are not matched/aligned with the query sequence are manually corrected for. No other manual corrections are to be made for the purposes of the present invention.

By a polypeptide having an amino acid sequence at least, for example, 95% "identical" to a query amino acid sequence of the present invention, it is intended that the amino acid sequence of the subject polypeptide is identical to the query sequence except that the subject polypeptide sequence may include up to five amino acid alterations per each 100 amino acids of the query amino acid sequence. In other words, to obtain a polypeptide having an amino acid sequence at least 95% identical to a query amino acid sequence, up to 5% of the amino acid residues in the subject sequence may be inserted, deleted, (indels) or substituted with another amino acid. These alterations of the reference sequence may occur at the amino or carboxy terminal positions of the reference amino acid sequence or anywhere between those terminal positions, interspersed either individually among residues in the reference sequence or in one or more contiguous groups within the reference sequence.

As a practical matter, whether any particular polypeptide is at least 80%, 85%, 90%, 95%, 96%, 97%, 98% or 99% identical to, for instance, the amino acid sequence of a polypeptide referred to in Table 1A (e.g., the amino acid sequence delineated in columns 14 and 15) or a fragment thereof, Table 1B.1 (e.g., the amino acid sequence identified in column 6) or a fragment thereof, Table 2 (e.g., the amino acid sequence of the polypeptide encoded by the polynucleotide sequence defined in columns 8 and 9 of Table 2) or a fragment thereof, the amino acid sequence of the polypeptide encoded by the polynucleotide sequence in SEQ ID NO:B as defined in column 6 of Table 1C or a fragment thereof, the amino acid sequence of the polypeptide encoded by the nucleotide sequence in SEQ ID NO:X or a fragment thereof, or the amino acid sequence of the polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z, or a fragment thereof, the amino acid sequence of a mature (secreted) polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z, or a fragment thereof, can be determined conventionally using known computer programs. A preferred method for determining the best overall match between a query sequence (a sequence of the present invention) and a subject sequence, also referred to as a global sequence alignment, can be determined using the FASTDB computer program based on the algorithm of Brutlag et al. (Comp. App. Biosci.6:237-245 (1990)). In a sequence alignment the query and subject sequences are either both nucleotide sequences or both amino acid sequences. The result of said global sequence alignment is expressed as percent identity. Preferred parameters used in a FASTDB amino acid alignment are: Matrix=PAM 0, k-tuple=2, Mismatch Penalty=1, Joining Penalty=20, Randomization Group Length=0, Cutoff Score=1, Window

Size=sequence length, Gap Penalty=5, Gap Size Penalty=0.05, Window Size=500 or the length of the subject amino acid sequence, whichever is shorter.

If the subject sequence is shorter than the query sequence due to N- or C-terminal deletions, not because of internal deletions, a manual correction must be made to the results. This is because the FASTDB program does not account for N- and C-terminal truncations of the subject sequence when calculating global percent identity. For subject sequences truncated at the N- and C-termini, relative to the query sequence, the percent identity is corrected by calculating the number of residues of the query sequence that are N- and C-terminal of the subject sequence, which are not matched/aligned with a corresponding subject residue, as a percent of the total bases of the query sequence. Whether a residue is matched/aligned is determined by results of the FASTDB sequence alignment. This percentage is then subtracted from the percent identity, calculated by the above FASTDB program using the specified parameters, to arrive at a final percent identity score. This final percent identity score is what is used for the purposes of the present invention. Only residues to the N- and C-termini of the subject sequence, which are not matched/aligned with the query sequence, are considered for the purposes of manually adjusting the percent identity score. That is, only query residue positions outside the farthest N- and C-terminal residues of the subject sequence.

For example, a 90 amino acid residue subject sequence is aligned with a 100 residue query sequence to determine percent identity. The deletion occurs at the N-terminus of the subject sequence and therefore, the FASTDB alignment does not show a matching/alignment of the first 10 residues at the N-terminus. The 10 unpaired residues represent 10% of the sequence (number of residues at the N- and C- termini not matched/total number of residues in the query sequence) so 10% is subtracted from the percent identity score calculated by the FASTDB program. If the remaining 90 residues were perfectly matched the final percent identity would be 90%. In another example, a 90 residue subject sequence is compared with a 100 residue query sequence. This time the deletions are internal deletions so there are no residues at the N- or C-termini of the subject sequence which are not matched/aligned with the query. In this case the percent identity calculated by FASTDB is not manually corrected. Once again, only residue positions outside the N- and C-terminal ends of the subject sequence, as displayed in the FASTDB alignment, which are not matched/aligned with the query sequnce are manually corrected for. No other manual corrections are to made for the purposes of the present invention.

The polynucleotide variants of the invention may contain alterations in the coding regions, non-coding regions, or both. Especially preferred are polynucleotide variants containing alterations which produce silent substitutions, additions, or deletions, but do not alter the properties or activities of the encoded polypeptide. Nucleotide variants produced by silent substitutions due to the degeneracy of the genetic code are preferred. Moreover, polypeptide variants in which less than 50, less than 40, less than 30, less than 20, less than 10, or 5-50, 5-25,

5-10, 1-5, or 1-2 amino acids are substituted, deleted, or added in any combination are also preferred. Polynucleotide variants can be produced for a variety of reasons, e.g., to optimize codon expression for a particular host (change codons in the human mRNA to those preferred by a bacterial host such as E. coli).

Naturally occurring variants are called "allelic variants," and refer to one of several alternate forms of a gene occupying a given locus on a chromosome of an organism. (Genes II, Lewin, B., ed., John Wiley & Sons, New York (1985)). These allelic variants can vary at either the polynucleotide and/or polypeptide level and are included in the present invention. Alternatively, non-naturally occurring variants may be produced by mutagenesis techniques or by direct synthesis.

Using known methods of protein engineering and recombinant DNA technology, variants may be generated to improve or alter the characteristics of the polypeptides of the present invention. For instance, one or more amino acids can be deleted from the N-terminus or C-terminus of the polypeptide of the present invention without substantial loss of biological function. As an example, Ron et al. (J. Biol. Chem. 268: 2984-2988 (1993)) reported variant KGF proteins having heparin binding activity even after deleting 3, 8, or 27 amino-terminal amino acid residues. Similarly, Interferon gamma exhibited up to ten times higher activity after deleting 8-10 amino acid residues from the carboxy terminus of this protein. (Dobeli et al., J. Biotechnology 7:199-216 (1988).)

Moreover, ample evidence demonstrates that variants often retain a biological activity similar to that of the naturally occurring protein. For example, Gayle and coworkers (J. Biol. Chem. 268:22105-22111 (1993)) conducted extensive mutational analysis of human cytokine IL-1a. They used random mutagenesis to generate over 3,500 individual IL-1a mutants that averaged 2.5 amino acid changes per variant over the entire length of the molecule. Multiple mutations were examined at every possible amino acid position. The investigators found that "[m]ost of the molecule could be altered with little effect on either [binding or biological activity]." In fact, only 23 unique amino acid sequences, out of more than 3,500 nucleotide sequences examined, produced a protein that significantly differed in activity from wild-type.

Furthermore, even if deleting one or more amino acids from the N-terminus or C-terminus of a polypeptide results in modification or loss of one or more biological functions, other biological activities may still be retained. For example, the ability of a deletion variant to induce and/or to bind antibodies which recognize the secreted form will likely be retained when less than the majority of the residues of the secreted form are removed from the N-terminus or C-terminus. Whether a particular polypeptide lacking N- or C-terminal residues of a protein retains such immunogenic activities can readily be determined by routine methods described herein and otherwise known in the art.

Thus, the invention further includes polypeptide variants which show a biological or

functional activity of the polypeptides of the invention (such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cardiovascular disorders). Such variants include deletions, insertions, inversions, repeats, and substitutions selected according to general rules known in the art so as have little effect on activity.

The present application is directed to nucleic acid molecules at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99% or 100% identical to the nucleic acid sequences disclosed herein, (e.g., encoding a polypeptide having the amino acid sequence of an N and/or C terminal deletion), irrespective of whether they encode a polypeptide having functional activity. This is because even where a particular nucleic acid molecule does not encode a polypeptide having functional activity, one of skill in the art would still know how to use the nucleic acid molecule, for instance, as a hybridization probe or a polymerase chain reaction (PCR) primer. Uses of the nucleic acid molecules of the present invention that do not encode a polypeptide having functional activity include, inter alia, (1) isolating a gene or allelic or splice variants thereof in a cDNA library; (2) in situ hybridization (e.g., "FISH") to metaphase chromosomal spreads to provide precise chromosomal location of the gene, as described in Verma et al., Human Chromosomes: A Manual of Basic Techniques, Pergamon Press, New York (1988); (3) Northern Blot analysis for detecting mRNA expression in specific tissues (e.g., normal or diseased tissues); and (4) *in situ* hybridization (e.g., histochemistry) for detecting mRNA expression in specific tissues (e.g., normal or diseased tissues).

Preferred, however, are nucleic acid molecules having sequences at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99% or 100% identical to the nucleic acid sequences disclosed herein, which do, in fact, encode a polypeptide having functional activity. By a polypeptide having "functional activity" is meant, a polypeptide capable of displaying one or more known functional activities associated with a full-length (complete) protein and/or a mature (secreted) protein of the invention. Such functional activities include, but are not limited to, biological activity (such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative diseases and disorders), antigenicity (ability to bind, or compete with a polypeptide of the invention for binding, to an anti-polypeptide of the invention antibody), immunogenicity (ability to generate antibody which binds to a specific polypeptide of the invention), ability to form multimers with polypeptides of the invention, and ability to bind to a receptor or ligand for a polypeptide of the invention.

The functional activity of the polypeptides, and fragments, variants and derivatives of the invention, can be assayed by various methods.

For example, in one embodiment where one is assaying for the ability to bind or compete with a full-length polypeptide of the present invention for binding to an anti-polypetide antibody, various immunoassays known in the art can be used, including but not limited to, competitive and non-competitive assay systems using techniques such as radioimmunoassays, ELISA (enzyme

linked immunosorbent assay), "sandwich" immunoassays, immunoradiometric assays, gel diffusion precipitation reactions, immunodiffusion assays, in situ immunoassays (using colloidal gold, enzyme or radioisotope labels, for example), western blots, precipitation reactions, agglutination assays (e.g., gel agglutination assays, hemagglutination assays), complement fixation assays, immunofluorescence assays, protein A assays, and immunoelectrophoresis assays, etc. In one embodiment, antibody binding is detected by detecting a label on the primary antibody. In another embodiment, the primary antibody is detected by detecting binding of a secondary antibody or reagent to the primary antibody. In a further embodiment, the secondary antibody is labeled. Many means are known in the art for detecting binding in an immunoassay and are within the scope of the present invention.

In another embodiment, where a ligand is identified, or the ability of a polypeptide fragment, variant or derivative of the invention to multimerize is being evaluated, binding can be assayed, e.g., by means well-known in the art, such as, for example, reducing and non-reducing gel chromatography, protein affinity chromatography, and affinity blotting. See generally, Phizicky et al., Microbiol. Rev. 59:94-123 (1995). In another embodiment, the ability of physiological correlates of a polypeptide of the present invention to bind to a substrate(s) of the polypeptide of the invention can be routinely assayed using techniques known in the art.

In addition, assays described herein (see Examples) and otherwise known in the art may routinely be applied to measure the ability of polypeptides of the present invention and fragments, variants and derivatives thereof to elicit polypeptide related biological activity (either *in vitro* or *in vivo*). Other methods will be known to the skilled artisan and are within the scope of the invention.

Of course, due to the degeneracy of the genetic code, one of ordinary skill in the art will immediately recognize that a large number of the nucleic acid molecules having a sequence at least 80%, 85%, 90%, 95%, 96%, 97%, 98%, 99%, or 100% identical to, for example, the nucleic acid sequence of the cDNA contained in ATCC™ Deposit No:Z, the nucleic acid sequence referred to in Table 1B (SEQ ID NO:X), the nucleic acid sequence disclosed in Table 1A (e.g., the nucleic acid sequence delineated in columns 7 and 8), the nucleic acid sequence disclosed in Table 2 (e.g., the nucleic acid sequence delineated in columns 8 and 9) or fragments thereof, will encode polypeptides "having functional activity." In fact, since degenerate variants of any of these nucleotide sequences all encode the same polypeptide, in many instances, this will be clear to the skilled artisan even without performing the above described comparison assay. It will be further recognized in the art that, for such nucleic acid molecules that are not degenerate variants, a reasonable number will also encode a polypeptide having functional activity. This is because the skilled artisan is fully aware of amino acid substitutions that are either less likely or not likely to significantly effect protein function (e.g., replacing one aliphatic amino acid with a second aliphatic amino acid), as further described below.

For example, guidance concerning how to make phenotypically silent amino acid substitutions is provided in Bowie et al., "Deciphering the Message in Protein Sequences: Tolerance to Amino Acid Substitutions," Science 247:1306-1310 (1990), wherein the authors indicate that there are two main strategies for studying the tolerance of an amino acid sequence to change.

The first strategy exploits the tolerance of amino acid substitutions by natural selection during the process of evolution. By comparing amino acid sequences in different species, conserved amino acids can be identified. These conserved amino acids are likely important for protein function. In contrast, the amino acid positions where substitutions have been tolerated by natural selection indicates that these positions are not critical for protein function. Thus, positions tolerating amino acid substitution could be modified while still maintaining biological activity of the protein.

The second strategy uses genetic engineering to introduce amino acid changes at specific positions of a cloned gene to identify regions critical for protein function. For example, site directed mutagenesis or alanine-scanning mutagenesis (introduction of single alanine mutations at every residue in the molecule) can be used. See Cunningham and Wells, Science 244:1081-1085 (1989). The resulting mutant molecules can then be tested for biological activity.

As the authors state, these two strategies have revealed that proteins are surprisingly tolerant of amino acid substitutions. The authors further indicate which amino acid changes are likely to be permissive at certain amino acid positions in the protein. For example, most buried (within the tertiary structure of the protein) amino acid residues require nonpolar side chains, whereas few features of surface side chains are generally conserved. Moreover, tolerated conservative amino acid substitutions involve replacement of the aliphatic or hydrophobic amino acids Ala, Val, Leu and Ile; replacement of the hydroxyl residues Ser and Thr; replacement of the acidic residues Asp and Glu; replacement of the amide residues Asn and Gln, replacement of the basic residues Lys, Arg, and His; replacement of the aromatic residues Phe, Tyr, and Trp, and replacement of the small-sized amino acids Ala, Ser, Thr, Met, and Gly.

Besides conservative amino acid substitution, variants of the present invention include (i) substitutions with one or more of the non-conserved amino acid residues, where the substituted amino acid residues may or may not be one encoded by the genetic code, or (ii) substitutions with one or more of the amino acid residues having a substituent group, or (iii) fusion of the mature polypeptide with another compound, such as a compound to increase the stability and/or solubility of the polypeptide (for example, polyethylene glycol), (iv) fusion of the polypeptide with additional amino acids, such as, for example, an IgG Fc fusion region peptide, serum albumin (preferably human serum albumin) or a fragment thereof, or leader or secretory sequence, or a sequence facilitating purification, or (v) fusion of the polypeptide with another compound, such as albumin (including but not limited to recombinant albumin (see, e.g., U.S. Patent No. 5,876,969,

issued March 2, 1999, EP Patent 0 413 622, and U.S. Patent No. 5,766,883, issued June 16, 1998, herein incorporated by reference in their entirety)). Such variant polypeptides are deemed to be within the scope of those skilled in the art from the teachings herein.

For example, polypeptide variants containing amino acid substitutions of charged amino acids with other charged or neutral amino acids may produce proteins with improved characteristics, such as less aggregation. Aggregation of pharmaceutical formulations both reduces activity and increases clearance due to the aggregate's immunogenic activity. See Pinckard et al., Clin. Exp. Immunol. 2:331-340 (1967); Robbins et al., Diabetes 36: 838-845 (1987); Cleland et al., Crit. Rev. Therapeutic Drug Carrier Systems 10:307-377 (1993).

A further embodiment of the invention relates to polypeptides which comprise the amino acid sequence of a polypeptide having an amino acid sequence which contains at least one amino acid substitution, but not more than 50 amino acid substitutions, even more preferably, not more than 40 amino acid substitutions, still more preferably, not more than 30 amino acid substitutions, and still even more preferably, not more than 20 amino acid substitutions from a polypeptide sequence disclosed herein. Of course it is highly preferable for a polypeptide to have an amino acid sequence which, for example, comprises the amino acid sequence of a polypeptide of SEQ ID NO:Y, the amino acid sequence of the mature (e.g., secreted) polypeptide of SEQ ID NO:Y, an amino acid sequence encoded by SEQ ID NO:X, an amino acid sequence encoded by the portion of SEQ ID NO:X as defined in columnns 8 and 9 of Table 2, an amino acid sequence encoded by the complement of SEQ ID NO:X, an amino acid sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z, and/or the amino acid sequence of a mature (secreted) polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z, or a fragment thereof, which contains, in order of ever-increasing preference, at least one, but not more than 10, 9, 8, 7, 6, 5, 4, 3, 2 or 1 amino acid substitutions.

In specific embodiments, the polypeptides of the invention comprise, or alternatively, consist of, fragments or variants of a reference amino acid sequence selected from: (a) the amino acid sequence of SEQ ID NO:Y or fragments thereof (e.g., the mature formand/or other fragments described herein); (b) the amino acid sequence encoded by SEQ ID NO:X or fragments thereof; (c) the amino acid sequence encoded by the complement of SEQ ID NO:X or fragments thereof; (d) the amino acid sequence encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2 or fragments thereof; and (e) the amino acid sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z or fragments thereof; wherein the fragments or variants have 1-5, 5-10, 5-25, 5-50, 10-50 or 50-150, amino acid residue additions, substitutions, and/or deletions when compared to the reference amino acid sequence. In preferred embodiments, the amino acid substitutions are conservative. Polynucleotides encoding these polypeptides are also encompassed by the invention.

Polynucleotide and Polypeptide Fragments

The present invention is also directed to polynucleotide fragments of the polynucleotides (nucleic acids) of the invention. In the present invention, a "polynucleotide fragment" refers to a polynucleotide having a nucleic acid sequence which, for example: is a portion of the cDNA contained in ATCCATCC™ Deposit No:Z or the complementary strand thereto; is a portion of the polynucleotide sequence encoding the polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z or the complementary strand thereto; is a portion of the polynucleotide sequence encoding the mature (secreted) polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z or the complementary strand thereto; is a portion of a polynucleotide sequence encoding the mature amino acid sequence as defined in columns 14 and 15 of Table 1A or the complementary strand thereto; is a portion of a polynucleotide sequence encoding the amino acid sequence encoded by the region of SEQ ID NO:X as defined in columns 8 and 9 of Table 2 or the complementary strand thereto; is a portion of the polynucleotide sequence of SEQ ID NO:X as defined in columns 8 and 9 of Table 2 or the complementary strand thereto; is a portion of the polynucleotide sequence in SEQ ID NO:X or the complementary strand thereto; is a polynucleotide sequence encoding a portion of the polypeptide of SEQ ID NO:Y; is a polynucleotide sequence encoding a portion of a polypeptide encoded by SEQ ID NO:X; is a polynucleotide sequence encoding a portion of a polypeptide encoded by the complement of the polynucleotide sequence in SEQ ID NO:X; is a portion of a polynucleotide sequence encoding the amino acid sequence encoded by the region of SEQ ID NO:B as defined in column 6 of Table 1C or the complementary strand thereto; or is a portion of the polynucleotide sequence of SEQ ID NO:B as defined in column 6 of Table 1C or the complementary strand thereto.

The polynucleotide fragments of the invention are preferably at least about 15 nt, and more preferably at least about 20 nt, still more preferably at least about 30 nt, and even more preferably, at least about 40 nt, at least about 50 nt, at least about 75 nt, or at least about 150 nt in length. A fragment "at least 20 nt in length," for example, is intended to include 20 or more contiguous bases from the cDNA sequence contained in ATCCATCC™ Deposit No:Z, or the nucleotide sequence shown in SEQ ID NO:X or the complementary stand thereto. In this context "about" includes the particularly recited value or a value larger or smaller by several (5, 4, 3, 2, or 1) nucleotides, at either terminus or at both termini. These nucleotide fragments have uses that include, but are not limited to, as diagnostic probes and primers as discussed herein. Of course, larger fragments (e.g., at least 160, 170, 180, 190, 200, 250, 500, 600, 1000, or 2000 nucleotides in length) are also encompassed by the invention.

Moreover, representative examples of polynucleotide fragments of the invention comprise, or alternatively consist of, a sequence from about nucleotide number 1-50, 51-100, 101-150, 151-200, 201-250, 251-300, 301-350, 351-400, 401-450, 451-500, 501-550, 551-600, 601-650, 651-700, 701-750, 751-800, 801-850, 851-900, 901-950, 951-1000, 1001-1050, 1051-1100, 1101-

1150, 1151-1200, 1201-1250, 1251-1300, 1301-1350, 1351-1400, 1401-1450, 1451-1500, 1501-1550, 1551-1600, 1601-1650, 1651-1700, 1701-1750, 1751-1800, 1801-1850, 1851-1900, 1901-1950, 1951-2000, 2001-2050, 2051-2100, 2101-2150, 2151-2200, 2201-2250, 2251-2300, 2301-2350, 2351-2400, 2401-2450, 2451-2500, 2501-2550, 2551-2600, 2601-2650, 2651-2700, 2701-2750, 2751-2800, 2801-2850, 2851-2900, 2901-2950, 2951-3000, 3001-3050, 3051-3100, 3101-3150, 3151-3200, 3201-3250, 3251-3300, 3301-3350, 3351-3400, 3401-3450, 3451-3500, 3501-3550, 3551-3600, 3601-3650, 3651-3700, 3701-3750, 3751-3800, 3801-3850, 3851-3900, 3901-3950, 3951-4000, 4001-4050, 4051-4100, 4101-4150, 4151-4200, 4201-4250, 4251-4300, 4301-4350, 4351-4400, 4401-4450, 4451-4500, 4501-4550, 4551-4600, 4601-4650, 4651-4700, 4701-4750, 4751-4800, 4801-4850, 4851-4900, 4901-4950, 4951-5000, 5001-5050, 5051-5100, 5101-5150, 5151-5200, 5201-5250, 5251-5300, 5301-5350, 5351-5400, 5401-5450, 5451-5500, 5501-5550, 5551-5600, 5601-5650, 5651-5700, 5701-5750, 5751-5800, 5801-5850, 5851-5900, 5901-5950, 5951-6000, 6001-6050, 6051-6100, 6101-6150, 6151-6200, 6201-6250, 6251-6300, 6301-6350, 6351-6400, 6401-6450, 6451-6500, 6501-6550, 6551-6600, 6601-6650, 6651-6700, 6701-6750, 6751-6800, 6801-6850, 6851-6900, 6901-6950, 6951-7000, 7001-7050, 7051-7100, 7101-7150, 7151-7200, 7201-7250, 7251-7300 or 7301 to the end of SEQ ID NO:X, or the complementary strand thereto. In this context "about" includes the particularly recited range or a range larger or smaller by several (5, 4, 3, 2, or 1) nucleotides, at either terminus or at both termini. Preferably, these fragments encode a polypeptide which has a functional activity (e.g., biological activity; such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative diseases and disorders). More preferably, these polynucleotides can be used as probes or primers as discussed herein. Polynucleotides which hybridize to one or more of these polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions are also encompassed by the invention, as are polypeptides encoded by these polynucleotides.

Further representative examples of polynucleotide fragments of the invention comprise, or alternatively consist of, a sequence from about nucleotide number 1-50, 51-100, 101-150, 151-200, 201-250, 251-300, 301-350, 351-400, 401-450, 451-500, 501-550, 551-600, 601-650, 651-700, 701-750, 751-800, 801-850, 851-900, 901-950, 951-1000, 1001-1050, 1051-1100, 1101-1150, 1151-1200, 1201-1250, 1251-1300, 1301-1350, 1351-1400, 1401-1450, 1451-1500, 1501-1550, 1551-1600, 1601-1650, 1651-1700, 1701-1750, 1751-1800, 1801-1850, 1851-1900, 1901-1950, 1951-2000, 2001-2050, 2051-2100, 2101-2150, 2151-2200, 2201-2250, 2251-2300, 2301-2350, 2351-2400, 2401-2450, 2451-2500, 2501-2550, 2551-2600, 2601-2650, 2651-2700, 2701-2750, 2751-2800, 2801-2850, 2851-2900, 2901-2950, 2951-3000, 3001-3050, 3051-3100, 3101-3150, 3151-3200, 3201-3250, 3251-3300, 3301-3350, 3351-3400, 3401-3450, 3451-3500, 3501-3550, 3551-3600, 3601-3650, 3651-3700, 3701-3750, 3751-3800, 3801-3850, 3851-3900, 3901-3950, 3951-4000, 4001-4050, 4051-4100, 4101-4150, 4151-4200, 4201-4250, 4251-4300, 4301-

4350, 4351-4400, 4401-4450, 4451-4500, 4501-4550, 4551-4600, 4601-4650, 4651-4700, 4701-4750, 4751-4800, 4801-4850, 4851-4900, 4901-4950, 4951-5000, 5001-5050, 5051-5100, 5101-5150, 5151-5200, 5201-5250, 5251-5300, 5301-5350, 5351-5400, 5401-5450, 5451-5500, 5501-5550, 5551-5600, 5601-5650, 5651-5700, 5701-5750, 5751-5800, 5801-5850, 5851-5900, 5901-5950, 5951-6000, 6001-6050, 6051-6100, 6101-6150, 6151-6200, 6201-6250, 6251-6300, 6301-6350, 6351-6400, 6401-6450, 6451-6500, 6501-6550, 6551-6600, 6601-6650, 6651-6700, 6701-6750, 6751-6800, 6801-6850, 6851-6900, 6901-6950, 6951-7000, 7001-7050, 7051-7100, 7101-7150, 7151-7200, 7201-7250, 7251-7300 or 7301 to the end of the cDNA sequence contained in ATCCATCC™ Deposit No:Z, or the complementary strand thereto. In this context "about" includes the particularly recited range or a range larger or smaller by several (5, 4, 3, 2, or 1) nucleotides, at either terminus or at both termini. Preferably, these fragments encode a polypeptide which has a functional activity (e.g., biological activity). More preferably, these polynucleotides can be used as probes or primers as discussed herein. Polynucleotides which hybridize to one or more of these polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions are also encompassed by the invention, as are polypeptides encoded by these polynucleotides.

Moreover, representative examples of polynucleotide fragments of the invention comprise, or alternatively consist of, a nucleic acid sequence comprising one, two, three, four, five, six, seven, eight, nine, ten, or more of the above described polynucleotide fragments of the invention in combination with a polynucleotide sequence delineated in Table 1C column 6. Additional, representative examples of polynucleotide fragments of the invention comprise, or alternatively consist of, a nucleic acid sequence comprising one, two, three, four, five, six, seven, eight, nine, ten, or more of the above described polynucleotide fragments of the invention in combination with a polynucleotide sequence that is the complementary strand of a sequence delineated in column 6 of Table 1C. In further embodiments, the above-described polynucleotide fragments of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotide fragments of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated Table 1C, column 6, and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by

the invention. Additionally, fragments and variants of the above-described polynucleotides and polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more fragments of the sequences delineated in column 6 of Table 1C, and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1C, column 2) or fragments or variants thereof. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more fragments of the sequences delineated in column 6 of Table 1C which correspond to the same ATCC™ Deposit No:Z (see Table 1C, column 1), and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1A, 1B, or 1C) or fragments or variants thereof. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In further specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more fragments of the sequences delineated in the same row of column 6 of Table 1C, and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1A, 1B, or 1C) or fragments or variants thereof. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of the sequence of SEQ ID NO:X are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of a fragment or variant of the sequence of SEQ ID NO:X (e.g., as described herein) are directly contiguous Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also

encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In further specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of a fragment or variant of the sequence of SEQ ID NO:X and the 5' 10 polynucleotides of the sequence of one of the sequences delineated in column 6 of Table 1C are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of another sequence in column 6 are directly contiguous. In preferred embodiments, the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C is directly contiguous with the 5' 10 polynucleotides of the next sequential exon delineated in Table 1C, column 6. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In the present invention, a "polypeptide fragment" refers to an amino acid sequence which is a portion of the amino acid sequence contained in SEQ ID NO:Y, is a portion of the mature form of SEQ ID NO:Y as defined in columns 14 and 15 of Table 1A, a portion of an amino acid sequence encoded by the portion of SEQ ID NO:X as defined in columnns 8 and 9 of Table 2, is a portion of an amino acid sequence encoded by the polynucleotide sequence of SEQ ID NO:X, is a portion of an amino acid sequence encoded by the complement of the polynucleotide sequence in SEQ ID NO:X, is a portion of the amino acid sequence of a mature (secreted) polypeptide encoded by the cDNA contained in ATCC™ Deposit No:Z, and/or is a portion of an amino acid

sequence encoded by the cDNA contained in ATCC™ Deposit No:Z. Protein (polypeptide) fragments may be "free-standing," or comprised within a larger polypeptide of which the fragment forms a part or region, most preferably as a single continuous region. Representative examples of polypeptide fragments of the invention, include, for example, fragments comprising, or alternatively consisting of, from about amino acid number 1-20, 21-40, 41-60, 61-80, 81-100, 101-120, 121-140, 141-160, 161-180, 181-200, 201-220, 221-240, 241-260, 261-280, 281-300, 301-320, 321-340, 341-360, 361-380, 381-400, 401-420, 421-440, 441-460, 461-480, 481-500, 501-520, 521-540, 541-560, 561-580, 581-600, 601-620, 621-640, 641-660, 661-680, 681-700, 701-720, 721-740, 741-760, 761-780, 781-800, 801-820, 821-840, 841-860, 861-880, 881-900, 901-920, 921-940, 941-960, 961-980, 981-1000, 1001-1020, 1021-1040, 1041-1060, 1061-1080, 1081-1100, 1101-1120, 1121-1140, 1141-1160, 1161-1180, 1181-1200, 1201-1220, 1221-1240, 1241-1260, 1261-1280, 1281-1300, 1301-1320, 1321-1340, 1341-1360, 1361-1380, 1381-1400, 1401-1420, 1421-1440, or 1441 to the end of the coding region of cDNA and SEQ ID NO: Y. In a preferred embodiment, polypeptide fragments of the invention include, for example, fragments comprising, or alternatively consisting of, from about amino acid number 1-20, 21-40, 41-60, 61-80, 81-100, 101-120, 121-140, 141-160, 161-180, 181-200, 201-220, 221-240, 241-260, 261-280, 281-300, 301-320, 321-340, 341-360, 361-380, 381-400, 401-420, 421-440, 441-460, 461-480, 481-500, 501-520, 521-540, 541-560, 561-580, 581-600, 601-620, 621-640, 641-660, 661-680, 681-700, 701-720, 721-740, 741-760, 761-780, 781-800, 801-820, 821-840, 841-860, 861-880, 881-900, 901-920, 921-940, 941-960, 961-980, 981-1000, 1001-1020, 1021-1040, 1041-1060, 1061-1080, 1081-1100, 1101-1120, 1121-1140, 1141-1160, 1161-1180, 1181-1200, 1201-1220, 1221-1240, 1241-1260, 1261-1280, 1281-1300, 1301-1320, 1321-1340, 1341-1360, 1361-1380, 1381-1400, 1401-1420, 1421-1440, or 1441 to the end of the coding region of SEQ ID NO:Y. Moreover, polypeptide fragments of the invention may be at least about 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 100, 110, 120, 130, 140, or 150 amino acids in length. In this context "about" includes the particularly recited ranges or values, or ranges or values larger or smaller by several (5, 4, 3, 2, or 1) amino acids, at either extreme or at both extremes. Polynucleotides encoding these polypeptide fragments are also encompassed by the invention.

Even if deletion of one or more amino acids from the N-terminus of a protein results in modification of loss of one or more biological functions of the protein, other functional activities (e.g., biological activities; such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative diseases and disorders; ability to multimerize; ability to bind a ligand; antigenic ability useful for production of polypeptide specific antibodies) may still be retained. For example, the ability of shortened muteins to induce and/or bind to antibodies which recognize the complete or mature forms of the polypeptides generally will be retained when less than the majority of the residues of the complete or mature polypeptide are removed from the N-terminus. Whether a particular

polypeptide lacking N-terminal residues of a complete polypeptide retains such immunologic activities can readily be determined by routine methods described herein and otherwise known in the art. It is not unlikely that a mutein with a large number of deleted N-terminal amino acid residues may retain some biological or immunogenic activities. In fact, peptides composed of as few as six amino acid residues may often evoke an immune response.

Accordingly, polypeptide fragments include the secreted protein as well as the mature form. Further preferred polypeptide fragments include the secreted protein or the mature form having a continuous series of deleted residues from the amino or the carboxy terminus, or both. For example, any number of amino acids, ranging from 1-60, can be deleted from the amino terminus of either the secreted polypeptide or the mature form. Similarly, any number of amino acids, ranging from 1-30, can be deleted from the carboxy terminus of the secreted protein or mature form. Furthermore, any combination of the above amino and carboxy terminus deletions are preferred. Similarly, polynucleotides encoding these polypeptide fragments are also preferred.

The present invention further provides polypeptides having one or more residues deleted from the amino terminus of the amino acid sequence of a polypeptide disclosed herein (e.g., a polypeptide of SEQ ID NO:Y, a polypeptide as defined in columns 14 and 15 of Table 1A, a polypeptide encoded by the polynucleotide sequence contained in SEQ ID NO:X or the complement thereof, a polypeptide encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2, a polypeptide encoded by the portion of SEQ ID NO:B as defined in column 6 of Table 1C, a polypeptide encoded by the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z, and/or a mature polypeptide encoded by the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z). In particular, N-terminal deletions may be described by the general formula m-q, where q is a whole integer representing the total number of amino acid residues in a polypeptide of the invention (e.g., the polypeptide disclosed in SEQ ID NO:Y, the mature (secreted) portion of SEQ ID NO:Y as defined in columns 14 and 15 of Table 1A, or the polypeptide encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2), and m is defined as any integer ranging from 2 to q-6. Polynucleotides encoding these polypeptides are also encompassed by the invention.

The present invention further provides polypeptides having one or more residues from the carboxy terminus of the amino acid sequence of a polypeptide disclosed herein (e.g., a polypeptide of SEQ ID NO:Y, the mature (secreted) portion of SEQ ID NO:Y as defined in columns 14 and 15 of Table 1A, a polypeptide encoded by the polynucleotide sequence contained in SEQ ID NO:X, a polypeptide encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2, a polypeptide encoded by the portion of SEQ ID NO:B as defined in column 6 of Table 1C, a polypeptide encoded by the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z, and/or a mature polypeptide encoded by the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z). In particular, C-terminal deletions may be described by the general formula 1-n, where n is any whole integer

ranging from 6 to q-1, and where n corresponds to the position of amino acid residue in a polypeptide of the invention. Polynucleotides encoding these polypeptides are also encompassed by the invention.

In addition, any of the above described N- or C-terminal deletions can be combined to produce a N- and C-terminal deleted polypeptide. The invention also provides polypeptides having one or more amino acids deleted from both the amino and the carboxyl termini, which may be described generally as having residues m-n of a polypeptide encoded by SEQ ID NO:X (e.g., including, but not limited to, the preferred polypeptide disclosed as SEQ ID NO:Y, the mature (secreted) portion of SEQ ID NO:Y as defined in columns 14 and 15 of Table 1A, and the polypeptide encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2), the cDNA contained in ATCCATCC™ Deposit No:Z, and/or the complement thereof, where n and m are integers as described above. Polynucleotides encoding these polypeptides are also encompassed by the invention.

Also as mentioned above, even if deletion of one or more amino acids from the C-terminus of a protein results in modification of loss of one or more biological functions of the protein, other functional activities (e.g., biological activities such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative diseases and disorders; ability to multimerize; ability to bind a ligand; antigenic ability useful for production of polypeptide specific antibodies) may still be retained. For example the ability of the shortened mutein to induce and/or bind to antibodies which recognize the complete or mature forms of the polypeptide generally will be retained when less than the majority of the residues of the complete or mature polypeptide are removed from the C-terminus. Whether a particular polypeptide lacking C-terminal residues of a complete polypeptide retains such immunologic activities can readily be determined by routine methods described herein and otherwise known in the art. It is not unlikely that a mutein with a large number of deleted C-terminal amino acid residues may retain some biological or immunogenic activities. In fact, peptides composed of as few as six amino acid residues may often evoke an immune response.

The present application is also directed to proteins containing polypeptides at least 80%, 85%, 90%, 95%, 96%, 97%, 98% or 99% identical to a polypeptide sequence set forth herein. In preferred embodiments, the application is directed to proteins containing polypeptides at least 80%, 85%, 90%, 95%, 96%, 97%, 98% or 99% identical to polypeptides having the amino acid sequence of the specific N- and C-terminal deletions. Polynucleotides encoding these polypeptides are also encompassed by the invention.

Any polypeptide sequence encoded by, for example, the polynucleotide sequences set forth as SEQ ID NO:X or the complement thereof, (presented, for example, in Tables 1A and 2), the cDNA contained in ATCCATCC™ Deposit No:Z, or the polynucleotide sequence as defined in column 6 of Table 1C, may be analyzed to determine certain preferred regions of the

polypeptide. For example, the amino acid sequence of a polypeptide encoded by a polynucleotide sequence of SEQ ID NO:X (e.g., the polypeptide of SEQ ID NO:Y and the polypeptide encoded by the portion of SEQ ID NO:X as defined in columnns 8 and 9 of Table 2) or the cDNA contained in ATCC™ Deposit No:Z may be analyzed using the default parameters of the DNASTAR computer algorithm (DNASTAR, Inc., 1228 S. Park St., Madison, WI 53715 USA; http://www.dnastar.com/).

Polypeptide regions that may be routinely obtained using the DNASTAR computer algorithm include, but are not limited to, Garnier-Robson alpha-regions, beta-regions, turn-regions, and coil-regions; Chou-Fasman alpha-regions, beta-regions, and turn-regions; Kyte-Doolittle hydrophilic regions and hydrophobic regions; Eisenberg alpha- and beta-amphipathic regions; Karplus-Schulz flexible regions; Emini surface-forming regions; and Jameson-Wolf regions of high antigenic index. Among highly preferred polynucleotides of the invention in this regard are those that encode polypeptides comprising regions that combine several structural features, such as several (e.g., 1, 2, 3 or 4) of the features set out above.

Additionally, Kyte-Doolittle hydrophilic regions and hydrophobic regions, Emini surface-forming regions, and Jameson-Wolf regions of high antigenic index (i.e., containing four or more contiguous amino acids having an antigenic index of greater than or equal to 1.5, as identified using the default parameters of the Jameson-Wolf program) can routinely be used to determine polypeptide regions that exhibit a high degree of potential for antigenicity. Regions of high antigenicity are determined from data by DNASTAR analysis by choosing values which represent regions of the polypeptide which are likely to be exposed on the surface of the polypeptide in an environment in which antigen recognition may occur in the process of initiation of an immune response.

Preferred polypeptide fragments of the invention are fragments comprising, or alternatively, consisting of, an amino acid sequence that displays a functional activity (e.g. biological activity such as, for example, activity useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating cancer and other hyperproliferative diseases and disorders; ability to multimerize; ability to bind a ligand; antigenic ability useful for production of polypeptide specific antibodies) of the polypeptide sequence of which the amino acid sequence is a fragment. By a polypeptide displaying a "functional activity" is meant a polypeptide capable of one or more known functional activities associated with a full-length protein, such as, for example, biological activity, antigenicity, immunogenicity, and/or multimerization, as described herein.

Other preferred polypeptide fragments are biologically active fragments. Biologically active fragments are those exhibiting activity similar, but not necessarily identical, to an activity of the polypeptide of the present invention. The biological activity of the fragments may include an improved desired activity, or a decreased undesirable activity.

In preferred embodiments, polypeptides of the invention comprise, or alternatively consist of, one, two, three, four, five or more of the antigenic fragments of the polypeptide of SEQ ID NO:Y, or portions thereof. Polynucleotides encoding these polypeptides are also encompassed by the invention.

Epitopes and Antibodies

The present invention encompasses polypeptides comprising, or alternatively consisting of, an epitope of: the polypeptide sequence shown in SEQ ID NO:Y; a polypeptide sequence encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide sequence encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2; the polypeptide sequence encoded by the portion of SEQ ID NO:B as defined in column 6 of Table 1C or the complement thereto; the polypeptide sequence encoded by the cDNA contained in ATCCATCC™ Deposit No:Z; or the polypeptide sequence encoded by a polynucleotide that hybridizes to the sequence of SEQ ID NO:X, the complement of the sequence of SEQ ID NO:X, the complement of a portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2, or the cDNA sequence contained in ATCCATCC™ Deposit No:Z under stringent hybridization conditions or alternatively, under lower stringency hybridization as defined *supra*. The present invention further encompasses polynucleotide sequences encoding an epitope of a polypeptide sequence of the invention (such as, for example, the sequence disclosed in SEQ ID NO:X, or a fragment thereof), polynucleotide sequences of the complementary strand of a polynucleotide sequence encoding an epitope of the invention, and polynucleotide sequences which hybridize to the complementary strand under stringent hybridization conditions or alternatively, under lower stringency hybridization conditions defined *supra*.

The term "epitopes," as used herein, refers to portions of a polypeptide having antigenic or immunogenic activity in an animal, preferably a mammal, and most preferably in a human. In a preferred embodiment, the present invention encompasses a polypeptide comprising an epitope, as well as the polynucleotide encoding this polypeptide. An "immunogenic epitope," as used herein, is defined as a portion of a protein that elicits an antibody response in an animal, as determined by any method known in the art, for example, by the methods for generating antibodies described *infra*. (See, for example, Geysen et al., Proc. Natl. Acad. Sci. USA 81:3998-4002 (1983)). The term "antigenic epitope," as used herein, is defined as a portion of a protein to which an antibody can immunospecifically bind its antigen as determined by any method well known in the art, for example, by the immunoassays described herein. Immunospecific binding excludes non-specific binding but does not necessarily exclude cross- reactivity with other antigens. Antigenic epitopes need not necessarily be immunogenic.

Fragments which function as epitopes may be produced by any conventional means. (See, e.g., Houghten, R. A., Proc. Natl. Acad. Sci. USA 82:5131-5135 (1985) further described in U.S. Patent No. 4,631,211.)

In the present invention, antigenic epitopes preferably contain a sequence of at least 4, at least 5, at least 6, at least 7, more preferably at least 8, at least 9, at least 10, at least 11, at least 12, at least 13, at least 14, at least 15, at least 20, at least 25, at least 30, at least 40, at least 50, and, most preferably, between about 15 to about 30 amino acids. Preferred polypeptides comprising immunogenic or antigenic epitopes are at least 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, or 100 amino acid residues in length. Additional non-exclusive preferred antigenic epitopes include the antigenic epitopes disclosed herein, as well as portions thereof. Antigenic epitopes are useful, for example, to raise antibodies, including monoclonal antibodies, that specifically bind the epitope. Preferred antigenic epitopes include the antigenic epitopes disclosed herein, as well as any combination of two, three, four, five or more of these antigenic epitopes. Antigenic epitopes can be used as the target molecules in immunoassays. (See, for instance, Wilson et al., Cell 37:767-778 (1984); Sutcliffe et al., Science 219:660-666 (1983)).

Non-limiting examples of epitopes of polypeptides that can be used to generate antibodies of the invention include a polypeptide comprising, or alternatively consisting of, at least one, two, three, four, five, six or more of the portion(s) of SEQ ID NO:Y specified in column 6 of Table 1B.1. These polypeptide fragments have been determined to bear antigenic epitopes of the proteins of the invention by the analysis of the Jameson-Wolf antigenic index which is included in the DNAStar suite of computer programs. By "comprise" it is intended that a polypeptide contains at least one, two, three, four, five, six or more of the portion(s) of SEQ ID NO:Y shown in column 6 of Table 1B.1, but it may contain additional flanking residues on either the amino or carboxyl termini of the recited portion. Such additional flanking sequences are preferably sequences naturally found adjacent to the portion; i.e., contiguous sequence shown in SEQ ID NO:Y. The flanking sequence may, however, be sequences from a heterolgous polypeptide, such as from another protein described herein or from a heterologous polypeptide not described herein. In particular embodiments, epitope portions of a polypeptide of the invention comprise one, two, three, or more of the portions of SEQ ID NO:Y shown in column 6 of Table 1B.1.

Similarly, immunogenic epitopes can be used, for example, to induce antibodies according to methods well known in the art. See, for instance, Sutcliffe et al., *supra*; Wilson et al., *supra*; Chow et al., Proc. Natl. Acad. Sci. USA 82:910-914; and Bittle et al., J. Gen. Virol. 66:2347-2354 (1985). Preferred immunogenic epitopes include the immunogenic epitopes disclosed herein, as well as any combination of two, three, four, five or more of these immunogenic epitopes. The polypeptides comprising one or more immunogenic epitopes may be presented for eliciting an antibody response together with a carrier protein, such as an albumin, to an animal system (such as rabbit or mouse), or, if the polypeptide is of sufficient length (at least

about 25 amino acids), the polypeptide may be presented without a carrier. However, immunogenic epitopes comprising as few as 8 to 10 amino acids have been shown to be sufficient to raise antibodies capable of binding to, at the very least, linear epitopes in a denatured polypeptide (e.g., in Western blotting).

Epitope-bearing polypeptides of the present invention may be used to induce antibodies according to methods well known in the art including, but not limited to, *in vivo* immunization, in vitro immunization, and phage display methods. See, e.g., Sutcliffe et al., *supra*; Wilson et al., *supra*, and Bittle et al., J. Gen. Virol., 66:2347-2354 (1985). If *in vivo* immunization is used, animals may be immunized with free peptide; however, anti-peptide antibody titer may be boosted by coupling the peptide to a macromolecular carrier, such as keyhole limpet hemacyanin (KLH) or tetanus toxoid. For instance, peptides containing cysteine residues may be coupled to a carrier using a linker such as maleimidobenzoyl- N-hydroxysuccinimide ester (MBS), while other peptides may be coupled to carriers using a more general linking agent such as glutaraldehyde. Animals such as rabbits, rats and mice are immunized with either free or carrier- coupled peptides, for instance, by intraperitoneal and/or intradermal injection of emulsions containing about 100 μg of peptide or carrier protein and Freund's adjuvant or any other adjuvant known for stimulating an immune response. Several booster injections may be needed, for instance, at intervals of about two weeks, to provide a useful titer of anti-peptide antibody which can be detected, for example, by ELISA assay using free peptide adsorbed to a solid surface. The titer of anti-peptide antibodies in serum from an immunized animal may be increased by selection of anti-peptide antibodies, for instance, by adsorption to the peptide on a solid support and elution of the selected antibodies according to methods well known in the art.

As one of skill in the art will appreciate, and as discussed above, the polypeptides of the present invention (e.g., those comprising an immunogenic or antigenic epitope) can be fused to heterologous polypeptide sequences. For example, polypeptides of the present invention (including fragments or variants thereof), may be fused with the constant domain of immunoglobulins (IgA, IgE, IgG, IgM), or portions thereof (CH1, CH2, CH3, or any combination thereof and portions thereof, resulting in chimeric polypeptides. By way of another non-limiting example, polypeptides and/or antibodies of the present invention (including fragments or variants thereof) may be fused with albumin (including but not limited to recombinant human serum albumin or fragments or variants thereof (see, e.g., U.S. Patent No. 5,876,969, issued March 2, 1999, EP Patent 0 413 622, and U.S. Patent No. 5,766,883, issued June 16, 1998, herein incorporated by reference in their entirety)). In a preferred embodiment, polypeptides and/or antibodies of the present invention (including fragments or variants thereof) are fused with the mature form of human serum albumin (i.e., amino acids 1 – 585 of human serum albumin as shown in Figures 1 and 2 of EP Patent 0 322 094) which is herein incorporated by reference in its entirety. In another preferred embodiment, polypeptides and/or antibodies of the present invention

(including fragments or variants thereof) are fused with polypeptide fragments comprising, or alternatively consisting of, amino acid residues 1-z of human serum albumin, where z is an integer from 369 to 419, as described in U.S. Patent 5,766,883 herein incorporated by reference in its entirety. Polypeptides and/or antibodies of the present invention (including fragments or variants thereof) may be fused to either the N- or C-terminal end of the heterologous protein (e.g., immunoglobulin Fc polypeptide or human serum albumin polypeptide). Polynucleotides encoding fusion proteins of the invention are also encompassed by the invention.

Such fusion proteins as those described above may facilitate purification and may increase half-life *in vivo*. This has been shown for chimeric proteins consisting of the first two domains of the human CD4-polypeptide and various domains of the constant regions of the heavy or light chains of mammalian immunoglobulins. See, e.g., EP 394,827; Traunecker et al., Nature, 331:84-86 (1988). Enhanced delivery of an antigen across the epithelial barrier to the immune system has been demonstrated for antigens (e.g., insulin) conjugated to an FcRn binding partner such as IgG or Fc fragments (see, e.g., PCT Publications WO 96/22024 and WO 99/04813). IgG fusion proteins that have a disulfide-linked dimeric structure due to the IgG portion desulfide bonds have also been found to be more efficient in binding and neutralizing other molecules than monomeric polypeptides or fragments thereof alone. See, e.g., Fountoulakis et al., J. Biochem., 270:3958-3964 (1995). Nucleic acids encoding the above epitopes can also be recombined with a gene of interest as an epitope tag (e.g., the hemagglutinin (HA) tag or flag tag) to aid in detection and purification of the expressed polypeptide. For example, a system described by Janknecht et al. allows for the ready purification of non-denatured fusion proteins expressed in human cell lines (Janknecht et al., 1991, Proc. Natl. Acad. Sci. USA 88:8972- 897). In this system, the gene of interest is subcloned into a vaccinia recombination plasmid such that the open reading frame of the gene is translationally fused to an amino-terminal tag consisting of six histidine residues. The tag serves as a matrix binding domain for the fusion protein. Extracts from cells infected with the recombinant vaccinia virus are loaded onto Ni2+ nitriloacetic acid-agarose column and histidine-tagged proteins can be selectively eluted with imidazole-containing buffers.

Fusion Proteins

Any polypeptide of the present invention can be used to generate fusion proteins. For example, the polypeptide of the present invention, when fused to a second protein, can be used as an antigenic tag. Antibodies raised against the polypeptide of the present invention can be used to indirectly detect the second protein by binding to the polypeptide. Moreover, because secreted proteins target cellular locations based on trafficking signals, polypeptides of the present invention which are shown to be secreted can be used as targeting molecules once fused to other proteins.

Examples of domains that can be fused to polypeptides of the present invention include not only heterologous signal sequences, but also other heterologous functional regions. The fusion does not necessarily need to be direct, but may occur through linker sequences.

In certain preferred embodiments, proteins of the invention are fusion proteins comprising an amino acid sequence that is an N and/or C- terminal deletion of a polypeptide of the invention. In preferred embodiments, the invention is directed to a fusion protein comprising an amino acid sequence that is at least 90%, 95%, 96%, 97%, 98% or 99% identical to a polypeptide sequence of the invention. Polynucleotides encoding these proteins are also encompassed by the invention.

Moreover, fusion proteins may also be engineered to improve characteristics of the polypeptide of the present invention. For instance, a region of additional amino acids, particularly charged amino acids, may be added to the N-terminus of the polypeptide to improve stability and persistence during purification from the host cell or subsequent handling and storage. Also, peptide moieties may be added to the polypeptide to facilitate purification. Such regions may be removed prior to final preparation of the polypeptide. The addition of peptide moieties to facilitate handling of polypeptides are familiar and routine techniques in the art.

As one of skill in the art will appreciate that, as discussed above, polypeptides of the present invention, and epitope-bearing fragments thereof, can be combined with heterologous polypeptide sequences. For example, the polypeptides of the present invention may be fused with heterologous polypeptide sequences, for example, the polypeptides of the present invention may be fused with the constant domain of immunoglobulins (IgA, IgE, IgG, IgM) or portions thereof (CH1, CH2, CH3, and any combination thereof, including both entire domains and portions thereof), or albumin (including, but not limited to, native or recombinant human albumin or fragments or variants thereof (see, e.g., U.S. Patent No. 5,876,969, issued March 2, 1999, EP Patent 0 413 622, and U.S. Patent No. 5,766,883, issued June 16, 1998, herein incorporated by reference in their entirety)), resulting in chimeric polypeptides. For example, EP-A-O 464 533 (Canadian counterpart 2045869) discloses fusion proteins comprising various portions of constant region of immunoglobulin molecules together with another human protein or part thereof. In many cases, the Fc part in a fusion protein is beneficial in therapy and diagnosis, and thus can result in, for example, improved pharmacokinetic properties (EP-A 0232 262). Alternatively, deleting the Fc part after the fusion protein has been expressed, detected, and purified, would be desired. For example, the Fc portion may hinder therapy and diagnosis if the fusion protein is used as an antigen for immunizations. In drug discovery, for example, human proteins, such as hIL-5, have been fused with Fc portions for the purpose of high-throughput screening assays to identify antagonists of hIL-5. See, D. Bennett et al., J. Molecular Recognition 8:52-58 (1995); K. Johanson et al., J. Biol. Chem. 270:9459-9471 (1995).

Moreover, the polypeptides of the present invention can be fused to marker sequences, such as a polypeptide which facilitates purification of the fused polypeptide. In preferred

embodiments, the marker amino acid sequence is a hexa-histidine peptide, such as the tag provided in a pQE vector (QIAGEN, Inc., 9259 Eton Avenue, Chatsworth, CA, 91311), among others, many of which are commercially available. As described in Gentz et al., Proc. Natl. Acad. Sci. USA 86:821-824 (1989), for instance, hexa-histidine provides for convenient purification of the fusion protein. Another peptide tag useful for purification, the "HA" tag, corresponds to an epitope derived from the influenza hemagglutinin protein (Wilson et al., Cell 37:767 (1984)).

Additional fusion proteins of the invention may be generated through the techniques of gene-shuffling, motif-shuffling, exon-shuffling, and/or codon-shuffling (collectively referred to as "DNA shuffling"). DNA shuffling may be employed to modulate the activities of polypeptides of the invention, such methods can be used to generate polypeptides with altered activity, as well as agonists and antagonists of the polypeptides. See, generally, U.S. Patent Nos. 5,605,793; 5,811,238; 5,830,721; 5,834,252; and 5,837,458, and Patten et al., Curr. Opinion Biotechnol. 8:724-33 (1997); Harayama, Trends Biotechnol. 16(2):76-82 (1998); Hansson, et al., J. Mol. Biol. 287:265-76 (1999); and Lorenzo and Blasco, Biotechniques 24(2):308- 13 (1998) (each of these patents and publications are hereby incorporated by reference in its entirety). In one embodiment, alteration of polynucleotides corresponding to SEQ ID NO:X and the polypeptides encoded by these polynucleotides may be achieved by DNA shuffling. DNA shuffling involves the assembly of two or more DNA segments by homologous or site-specific recombination to generate variation in the polynucleotide sequence. In another embodiment, polynucleotides of the invention, or the encoded polypeptides, may be altered by being subjected to random mutagenesis by error-prone PCR, random nucleotide insertion or other methods prior to recombination. In another embodiment, one or more components, motifs, sections, parts, domains, fragments, etc., of a polynucleotide encoding a polypeptide of the invention may be recombined with one or more components, motifs, sections, parts, domains, fragments, etc. of one or more heterologous molecules.

Thus, any of these above fusions can be engineered using the polynucleotides or the polypeptides of the present invention.

Recombinant and Synthetic Production of Polypeptides of the Invention

The present invention also relates to vectors containing the polynucleotide of the present invention, host cells, and the production of polypeptides by synthetic and recombinant techniques. The vector may be, for example, a phage, plasmid, viral, or retroviral vector. Retroviral vectors may be replication competent or replication defective. In the latter case, viral propagation generally will occur only in complementing host cells.

The polynucleotides of the invention may be joined to a vector containing a selectable marker for propagation in a host. Generally, a plasmid vector is introduced in a precipitate, such as a calcium phosphate precipitate, or in a complex with a charged lipid. If the vector is a virus, it

may be packaged in vitro using an appropriate packaging cell line and then transduced into host cells.

The polynucleotide insert should be operatively linked to an appropriate promoter, such as the phage lambda PL promoter, the E. coli lac, trp, phoA and tac promoters, the SV40 early and late promoters and promoters of retroviral LTRs, to name a few. Other suitable promoters will be known to the skilled artisan. The expression constructs will further contain sites for transcription initiation, termination, and, in the transcribed region, a ribosome binding site for translation. The coding portion of the transcripts expressed by the constructs will preferably include a translation initiating codon at the beginning and a termination codon (UAA, UGA or UAG) appropriately positioned at the end of the polypeptide to be translated.

As indicated, the expression vectors will preferably include at least one selectable marker. Such markers include dihydrofolate reductase, G418, glutamine synthase, or neomycin resistance for eukaryotic cell culture, and tetracycline, kanamycin or ampicillin resistance genes for culturing in E. coli and other bacteria. Representative examples of appropriate hosts include, but are not limited to, bacterial cells, such as E. coli, Streptomyces and Salmonella typhimurium cells; fungal cells, such as yeast cells (e.g., Saccharomyces cerevisiae or Pichia pastoris (~~ATCC~~ATCC™ Accession No. 201178)); insect cells such as Drosophila S2 and Spodoptera Sf9 cells; animal cells such as CHO, COS, 293, and Bowes melanoma cells; and plant cells. Appropriate culture mediums and conditions for the above-described host cells are known in the art.

Among vectors preferred for use in bacteria include pQE70, pQE60 and pQE-9, available from QIAGEN, Inc.; ~~pBluescript~~pBLUESCRIPT™ vectors, Phagescript vectors, pNH8A, pNH16a, pNH18A, pNH46A, available from ~~Stratagene~~STRATAGENE™ Cloning Systems, Inc.; and ptrc99a, pKK223-3, pKK233-3, pDR540, pRIT5 available from ~~Pharmacia~~PHARMACIA™ Biotech, Inc. Among preferred eukaryotic vectors are pWLNEO, pSV2CAT, pOG44, pXT1 and pSG available from ~~Stratagene~~STRATAGENE™; and pSVK3, pBPV, pMSG and pSVL available from ~~Pharmacia~~PHARMACIA™. Preferred expression vectors for use in yeast systems include, but are not limited to pYES2, pYD1, pTEF1/Zeo, pYES2/GS, pPICZ, pGAPZ, pGAPZalph, pPIC9, pPIC3.5, pHIL-D2, pHIL-S1, pPIC3.5K, pPIC9K, and PAO815 (all available from Invitrogen, Carlbad, CA). Other suitable vectors will be readily apparent to the skilled artisan.

Vectors which use glutamine synthase (GS) or DHFR as the selectable markers can be amplified in the presence of the drugs methionine sulphoximine or methotrexate, respectively. An advantage of glutamine synthase based vectors are the availabilty of cell lines (e.g., the murine myeloma cell line, NS0) which are glutamine synthase negative. Glutamine synthase expression systems can also function in glutamine synthase expressing cells (e.g., Chinese Hamster Ovary (CHO) cells) by providing additional inhibitor to prevent the functioning of the endogenous gene. A glutamine synthase expression system and components thereof are detailed in PCT publications: WO87/04462; WO86/05807; WO89/01036; WO89/10404; and WO91/06657, which are hereby

incorporated in their entireties by reference herein. Additionally, glutamine synthase expression vectors can be obtained from Lonza Biologics, Inc. (Portsmouth, NH). Expression and production of monoclonal antibodies using a GS expression system in murine myeloma cells is described in Bebbington *et al.*, *Bio/technology* 10:169(1992) and in Biblia and Robinson *Biotechnol. Prog.* 11:1 (1995) which are herein incorporated by reference.

The present invention also relates to host cells containing the above-described vector constructs described herein, and additionally encompasses host cells containing nucleotide sequences of the invention that are operably associated with one or more heterologous control regions (e.g., promoter and/or enhancer) using techniques known of in the art. The host cell can be a higher eukaryotic cell, such as a mammalian cell (e.g., a human derived cell), or a lower eukaryotic cell, such as a yeast cell, or the host cell can be a prokaryotic cell, such as a bacterial cell. A host strain may be chosen which modulates the expression of the inserted gene sequences, or modifies and processes the gene product in the specific fashion desired. Expression from certain promoters can be elevated in the presence of certain inducers; thus expression of the genetically engineered polypeptide may be controlled. Furthermore, different host cells have characteristics and specific mechanisms for the translational and post-translational processing and modification (e.g., phosphorylation, cleavage) of proteins. Appropriate cell lines can be chosen to ensure the desired modifications and processing of the foreign protein expressed.

Introduction of the nucleic acids and nucleic acid constructs of the invention into the host cell can be effected by calcium phosphate transfection, DEAE-dextran mediated transfection, cationic lipid-mediated transfection, electroporation, transduction, infection, or other methods. Such methods are described in many standard laboratory manuals, such as Davis et al., Basic Methods In Molecular Biology (1986). It is specifically contemplated that the polypeptides of the present invention may in fact be expressed by a host cell lacking a recombinant vector.

In addition to encompassing host cells containing the vector constructs discussed herein, the invention also encompasses primary, secondary, and immortalized host cells of vertebrate origin, particularly mammalian origin, that have been engineered to delete or replace endogenous genetic material (e.g., the coding sequence), and/or to include genetic material (e.g., heterologous polynucleotide sequences) that is operably associated with polynucleotides of the invention, and which activates, alters, and/or amplifies endogenous polynucleotides. For example, techniques known in the art may be used to operably associate heterologous control regions (e.g., promoter and/or enhancer) and endogenous polynucleotide sequences via homologous recombination (see, e.g., US Patent Number 5,641,670, issued June 24, 1997; International Publication Number WO 96/29411; International Publication Number WO 94/12650; Koller *et al., Proc. Natl. Acad. Sci. USA 86*:8932-8935 (1989); and Zijlstra *et al., Nature 342*:435-438 (1989), the disclosures of each of which are incorporated by reference in their entireties).

Polypeptides of the invention can be recovered and purified from recombinant cell cultures by well-known methods including ammonium sulfate or ethanol precipitation, acid extraction, anion or cation exchange chromatography, phosphocellulose chromatography, hydrophobic interaction chromatography, affinity chromatography, hydroxylapatite chromatography and lectin chromatography. Most preferably, high performance liquid chromatography ("HPLC") is employed for purification.

Polypeptides of the present invention can also be recovered from: products purified from natural sources, including bodily fluids, tissues and cells, whether directly isolated or cultured; products of chemical synthetic procedures; and products produced by recombinant techniques from a prokaryotic or eukaryotic host, including, for example, bacterial, yeast, higher plant, insect, and mammalian cells. Depending upon the host employed in a recombinant production procedure, the polypeptides of the present invention may be glycosylated or may be non-glycosylated. In addition, polypeptides of the invention may also include an initial modified methionine residue, in some cases as a result of host-mediated processes. Thus, it is well known in the art that the N-terminal methionine encoded by the translation initiation codon generally is removed with high efficiency from any protein after translation in all eukaryotic cells. While the N-terminal methionine on most proteins also is efficiently removed in most prokaryotes, for some proteins, this prokaryotic removal process is inefficient, depending on the nature of the amino acid to which the N-terminal methionine is covalently linked.

In one embodiment, the yeast *Pichia pastoris* is used to express polypeptides of the invention in a eukaryotic system. *Pichia pastoris* is a methylotrophic yeast which can metabolize methanol as its sole carbon source. A main step in the methanol metabolization pathway is the oxidation of methanol to formaldehyde using O_2. This reaction is catalyzed by the enzyme alcohol oxidase. In order to metabolize methanol as its sole carbon source, *Pichia pastoris* must generate high levels of alcohol oxidase due, in part, to the relatively low affinity of alcohol oxidase for O_2. Consequently, in a growth medium depending on methanol as a main carbon source, the promoter region of one of the two alcohol oxidase genes (*AOX1*) is highly active. In the presence of methanol, alcohol oxidase produced from the *AOX1* gene comprises up to approximately 30% of the total soluble protein in *Pichia pastoris*. See Ellis, S.B., *et al., Mol. Cell. Biol.* 5:1111-21 (1985); Koutz, P.J, *et al., Yeast* 5:167-77 (1989); Tschopp, J.F., *et al., Nucl. Acids Res.* 15:3859-76 (1987). Thus, a heterologous coding sequence, such as, for example, a polynucleotide of the present invention, under the transcriptional regulation of all or part of the *AOX1* regulatory sequence is expressed at exceptionally high levels in *Pichia* yeast grown in the presence of methanol.

In one example, the plasmid vector pPIC9K is used to express DNA encoding a polypeptide of the invention, as set forth herein, in a *Pichea* yeast system essentially as described in "*Pichia* Protocols: Methods in Molecular Biology," D.R. Higgins and J. Cregg, eds. The Humana Press, Totowa, NJ, 1998. This expression vector allows expression and secretion of a polypeptide of the invention by virtue of the strong *AOX1* promoter linked to the *Pichia pastoris* alkaline phosphatase (PHO) secretory signal peptide (i.e., leader) located upstream of a multiple cloning site.

Many other yeast vectors could be used in place of pPIC9K, such as, pYES2, pYD1, pTEF1/Zeo, pYES2/GS, pPICZ, pGAPZ, pGAPZalpha, pPIC9, pPIC3.5, pHIL-D2, pHIL-S1, pPIC3.5K, and PAO815, as one skilled in the art would readily appreciate, as long as the proposed expression construct provides appropriately located signals for transcription, translation, secretion (if desired), and the like, including an in-frame AUG as required.

In another embodiment, high-level expression of a heterologous coding sequence, such as, for example, a polynucleotide of the present invention, may be achieved by cloning the heterologous polynucleotide of the invention into an expression vector such as, for example, pGAPZ or pGAPZalpha, and growing the yeast culture in the absence of methanol.

In addition to encompassing host cells containing the vector constructs discussed herein, the invention also encompasses primary, secondary, and immortalized host cells of vertebrate origin, particularly mammalian origin, that have been engineered to delete or replace endogenous genetic material (e.g., coding sequence), and/or to include genetic material (e.g., heterologous polynucleotide sequences) that is operably associated with polynucleotides of the invention, and which activates, alters, and/or amplifies endogenous polynucleotides. For example, techniques known in the art may be used to operably associate heterologous control regions (e.g., promoter and/or enhancer) and endogenous polynucleotide sequences via homologous recombination (see, e.g., U.S. Patent No. 5,641,670, issued June 24, 1997; International Publication No. WO 96/29411, published September 26, 1996; International Publication No. WO 94/12650, published August 4, 1994; Koller et al., Proc. Natl. Acad. Sci. USA 86:8932-8935 (1989); and Zijlstra et al., Nature 342:435-438 (1989), the disclosures of each of which are incorporated by reference in their entireties).

In addition, polypeptides of the invention can be chemically synthesized using techniques known in the art (e.g., see Creighton, 1983, Proteins: Structures and Molecular Principles, W.H. Freeman & Co., N.Y., and Hunkapiller et al., *Nature*, 310:105-111 (1984)). For example, a polypeptide corresponding to a fragment of a polypeptide can be synthesized by use of a peptide synthesizer. Furthermore, if desired, nonclassical amino acids or chemical amino acid analogs can be introduced as a substitution or addition into the polypeptide sequence. Non-classical amino acids include, but are not limited to, to the D-isomers of the common amino acids, 2,4-

diaminobutyric acid, a-amino isobutyric acid, 4-aminobutyric acid, Abu, 2-amino butyric acid, g-Abu, e-Ahx, 6-amino hexanoic acid, Aib, 2-amino isobutyric acid, 3-amino propionic acid, ornithine, norleucine, norvaline, hydroxyproline, sarcosine, citrulline, homocitrulline, cysteic acid, t-butylglycine, t-butylalanine, phenylglycine, cyclohexylalanine, b-alanine, fluoro-amino acids, designer amino acids such as b-methyl amino acids, Ca-methyl amino acids, Na-methyl amino acids, and amino acid analogs in general. Furthermore, the amino acid can be D (dextrorotary) or L (levorotary).

The invention encompasses polypeptides of the present invention which are differentially modified during or after translation, e.g., by glycosylation, acetylation, phosphorylation, amidation, derivatization by known protecting/blocking groups, proteolytic cleavage, linkage to an antibody molecule or other cellular ligand, etc. Any of numerous chemical modifications may be carried out by known techniques, including but not limited, to specific chemical cleavage by cyanogen bromide, trypsin, chymotrypsin, papain, V8 protease, $NaBH_4$; acetylation, formylation, oxidation, reduction; metabolic synthesis in the presence of tunicamycin; etc.

Additional post-translational modifications encompassed by the invention include, for example, e.g., N-linked or O-linked carbohydrate chains, processing of N-terminal or C-terminal ends), attachment of chemical moieties to the amino acid backbone, chemical modifications of N-linked or O-linked carbohydrate chains, and addition or deletion of an N-terminal methionine residue as a result of procaryotic host cell expression. The polypeptides may also be modified with a detectable label, such as an enzymatic, fluorescent, isotopic or affinity label to allow for detection and isolation of the protein.

Examples of suitable enzymes include horseradish peroxidase, alkaline phosphatase, beta-galactosidase, or acetylcholinesterase; examples of suitable prosthetic group complexes include streptavidin/biotin and avidin/biotin; examples of suitable fluorescent materials include umbelliferone, fluorescein, fluorescein isothiocyanate, rhodamine, dichlorotriazinylamine fluorescein, dansyl chloride or phycoerythrin; an example of a luminescent material includes luminol; examples of bioluminescent materials include luciferase, luciferin, and aequorin; and examples of suitable radioactive material include iodine (^{121}I, ^{123}I, ^{125}I, ^{131}I), carbon (^{14}C), sulfur (^{35}S), tritium (^{3}H), indium (^{111}In, ^{112}In, ^{113m}In, ^{115m}In), technetium (^{99}Tc,^{99m}Tc), thallium (^{201}Ti), gallium (^{68}Ga, ^{67}Ga), palladium (^{103}Pd), molybdenum (^{99}Mo), xenon (^{133}Xe), fluorine (^{18}F), ^{153}Sm, ^{177}Lu, ^{159}Gd, ^{149}Pm, ^{140}La, ^{175}Yb, ^{166}Ho, ^{90}Y, ^{47}Sc, ^{186}Re, ^{188}Re, ^{142}Pr, ^{105}Rh, and ^{97}Ru.

In specific embodiments, a polypeptide of the present invention or fragment or variant thereof is attached to macrocyclic chelators that associate with radiometal ions, including but not limited to, ^{177}Lu, ^{90}Y, ^{166}Ho, and ^{153}Sm, to polypeptides. In a preferred embodiment, the radiometal ion associated with the macrocyclic chelators is ^{111}In. In another preferred embodiment, the radiometal ion associated with the macrocyclic chelator is ^{90}Y. In specific embodiments, the macrocyclic chelator is 1,4,7,10-tetraazacyclododecane-N,N',N'',N'''-tetraacetic

acid (DOTA). In other specific embodiments, DOTA is attached to an antibody of the invention or fragment thereof via a linker molecule. Examples of linker molecules useful for conjugating DOTA to a polypeptide are commonly known in the art - see, for example, DeNardo et al., Clin Cancer Res. 4(10):2483-90 (1998); Peterson et al., Bioconjug. Chem. 10(4):553-7 (1999); and Zimmerman et al, Nucl. Med. Biol. 26(8):943-50 (1999); which are hereby incorporated by reference in their entirety.

As mentioned, the proteins of the invention may be modified by either natural processes, such as posttranslational processing, or by chemical modification techniques which are well known in the art. It will be appreciated that the same type of modification may be present in the same or varying degrees at several sites in a given polypeptide. Polypeptides of the invention may be branched, for example, as a result of ubiquitination, and they may be cyclic, with or without branching. Cyclic, branched, and branched cyclic polypeptides may result from posttranslation natural processes or may be made by synthetic methods. Modifications include acetylation, acylation, ADP-ribosylation, amidation, covalent attachment of flavin, covalent attachment of a heme moiety, covalent attachment of a nucleotide or nucleotide derivative, covalent attachment of a lipid or lipid derivative, covalent attachment of phosphotidylinositol, cross-linking, cyclization, disulfide bond formation, demethylation, formation of covalent cross-links, formation of cysteine, formation of pyroglutamate, formylation, gamma-carboxylation, glycosylation, GPI anchor formation, hydroxylation, iodination, methylation, myristoylation, oxidation, pegylation, proteolytic processing, phosphorylation, prenylation, racemization, selenoylation, sulfation, transfer-RNA mediated addition of amino acids to proteins such as arginylation, and ubiquitination. (See, for instance, PROTEINS - STRUCTURE AND MOLECULAR PROPERTIES, 2nd Ed., T. E. Creighton, W. H. Freeman and Company, New York (1993); POSTTRANSLATIONAL COVALENT MODIFICATION OF PROTEINS, B. C. Johnson, Ed., Academic Press, New York, pgs. 1-12 (1983); Seifter et al., Meth. Enzymol. 182:626-646 (1990); Rattan et al., Ann. N.Y. Acad. Sci. 663:48-62 (1992)).

Also provided by the invention are chemically modified derivatives of the polypeptides of the invention which may provide additional advantages such as increased solubility, stability and circulating time of the polypeptide, or decreased immunogenicity (see U.S. Patent No. 4,179,337). The chemical moieties for derivitization may be selected from water soluble polymers such as polyethylene glycol, ethylene glycol/propylene glycol copolymers, carboxymethylcellulose, dextran, polyvinyl alcohol and the like. The polypeptides may be modified at random positions within the molecule, or at predetermined positions within the molecule and may include one, two, three or more attached chemical moieties.

The polymer may be of any molecular weight, and may be branched or unbranched. For polyethylene glycol, the preferred molecular weight is between about 1 kDa and about 100 kDa (the term "about" indicating that in preparations of polyethylene glycol, some molecules will

weigh more, some less, than the stated molecular weight) for ease in handling and manufacturing. Other sizes may be used, depending on the desired therapeutic profile (e.g., the duration of sustained release desired, the effects, if any on biological activity, the ease in handling, the degree or lack of antigenicity and other known effects of the polyethylene glycol to a therapeutic protein or analog). For example, the polyethylene glycol may have an average molecular weight of about 200, 500, 1000, 1500, 2000, 2500, 3000, 3500, 4000, 4500, 5000, 5500, 6000, 6500, 7000, 7500, 8000, 8500, 9000, 9500, 10,000, 10,500, 11,000, 11,500, 12,000, 12,500, 13,000, 13,500, 14,000, 14,500, 15,000, 15,500, 16,000, 16,500, 17,000, 17,500, 18,000, 18,500, 19,000, 19,500, 20,000, 25,000, 30,000, 35,000, 40,000, 45,000, 50,000, 55,000, 60,000, 65,000, 70,000, 75,000, 80,000, 85,000, 90,000, 95,000, or 100,000 kDa.

As noted above, the polyethylene glycol may have a branched structure. Branched polyethylene glycols are described, for example, in U.S. Patent No. 5,643,575; Morpurgo *et al., Appl. Biochem. Biotechnol. 56*:59-72 (1996); Vorobjev *et al., Nucleosides Nucleotides 18*:2745-2750 (1999); and Caliceti *et al., Bioconjug. Chem. 10*:638-646 (1999), the disclosures of each of which are incorporated herein by reference.

The polyethylene glycol molecules (or other chemical moieties) should be attached to the protein with consideration of effects on functional or antigenic domains of the protein. There are a number of attachment methods available to those skilled in the art, such as, for example, the method disclosed in EP 0 401 384 (coupling PEG to G-CSF), herein incorporated by reference; see also Malik et al., Exp. Hematol. 20:1028-1035 (1992), reporting pegylation of GM-CSF using tresyl chloride. For example, polyethylene glycol may be covalently bound through amino acid residues via a reactive group, such as a free amino or carboxyl group. Reactive groups are those to which an activated polyethylene glycol molecule may be bound. The amino acid residues having a free amino group may include lysine residues and the N-terminal amino acid residues; those having a free carboxyl group may include aspartic acid residues glutamic acid residues and the C-terminal amino acid residue. Sulfhydryl groups may also be used as a reactive group for attaching the polyethylene glycol molecules. Preferred for therapeutic purposes is attachment at an amino group, such as attachment at the N-terminus or lysine group.

As suggested above, polyethylene glycol may be attached to proteins via linkage to any of a number of amino acid residues. For example, polyethylene glycol can be linked to proteins via covalent bonds to lysine, histidine, aspartic acid, glutamic acid, or cysteine residues. One or more reaction chemistries may be employed to attach polyethylene glycol to specific amino acid residues (e.g., lysine, histidine, aspartic acid, glutamic acid, or cysteine) of the protein or to more than one type of amino acid residue (e.g., lysine, histidine, aspartic acid, glutamic acid, cysteine and combinations thereof) of the protein.

One may specifically desire proteins chemically modified at the N-terminus. Using polyethylene glycol as an illustration of the present composition, one may select from a variety of

polyethylene glycol molecules (by molecular weight, branching, etc.), the proportion of polyethylene glycol molecules to protein (polypeptide) molecules in the reaction mix, the type of pegylation reaction to be performed, and the method of obtaining the selected N-terminally pegylated protein. The method of obtaining the N-terminally pegylated preparation (i.e., separating this moiety from other monopegylated moieties if necessary) may be by purification of the N-terminally pegylated material from a population of pegylated protein molecules. Selective proteins chemically modified at the N-terminus modification may be accomplished by reductive alkylation which exploits differential reactivity of different types of primary amino groups (lysine versus the N-terminal) available for derivatization in a particular protein. Under the appropriate reaction conditions, substantially selective derivatization of the protein at the N-terminus with a carbonyl group containing polymer is achieved.

As indicated above, pegylation of the proteins of the invention may be accomplished by any number of means. For example, polyethylene glycol may be attached to the protein either directly or by an intervening linker. Linkerless systems for attaching polyethylene glycol to proteins are described in Delgado et al., Crit. Rev. Thera. Drug Carrier Sys. 9:249-304 (1992); Francis et al., Intern. J. of Hematol. 68:1-18 (1998); U.S. Patent No. 4,002,531; U.S. Patent No. 5,349,052; WO 95/06058; and WO 98/32466, the disclosures of each of which are incorporated herein by reference.

One system for attaching polyethylene glycol directly to amino acid residues of proteins without an intervening linker employs tresylated MPEG, which is produced by the modification of monmethoxy polyethylene glycol (MPEG) using tresylchloride ($ClSO_2CH_2CF_3$). Upon reaction of protein with tresylated MPEG, polyethylene glycol is directly attached to amine groups of the protein. Thus, the invention includes protein-polyethylene glycol conjugates produced by reacting proteins of the invention with a polyethylene glycol molecule having a 2,2,2-trifluoreothane sulphonyl group.

Polyethylene glycol can also be attached to proteins using a number of different intervening linkers. For example, U.S. Patent No. 5,612,460, the entire disclosure of which is incorporated herein by reference, discloses urethane linkers for connecting polyethylene glycol to proteins. Protein-polyethylene glycol conjugates wherein the polyethylene glycol is attached to the protein by a linker can also be produced by reaction of proteins with compounds such as MPEG-succinimidylsuccinate, MPEG activated with 1,1'-carbonyldiimidazole, MPEG-2,4,5-trichloropenylcarbonate, MPEG-p-nitrophenolcarbonate, and various MPEG-succinate derivatives. A number of additional polyethylene glycol derivatives and reaction chemistries for attaching polyethylene glycol to proteins are described in International Publication No. WO 98/32466, the entire disclosure of which is incorporated herein by reference. Pegylated protein products produced using the reaction chemistries set out herein are included within the scope of the invention.

The number of polyethylene glycol moieties attached to each protein of the invention (i.e., the degree of substitution) may also vary. For example, the pegylated proteins of the invention may be linked, on average, to 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 15, 17, 20, or more polyethylene glycol molecules. Similarly, the average degree of substitution within ranges such as 1-3, 2-4, 3-5, 4-6, 5-7, 6-8, 7-9, 8-10, 9-11, 10-12, 11-13, 12-14, 13-15, 14-16, 15-17, 16-18, 17-19, or 18-20 polyethylene glycol moieties per protein molecule. Methods for determining the degree of substitution are discussed, for example, in Delgado et al., Crit. Rev. Thera. Drug Carrier Sys. 9:249-304 (1992).

The polypeptides of the invention can be recovered and purified from chemical synthesis and recombinant cell cultures by standard methods which include, but are not limited to, ammonium sulfate or ethanol precipitation, acid extraction, anion or cation exchange chromatography, phosphocellulose chromatography, hydrophobic interaction chromatography, affinity chromatography, hydroxylapatite chromatography and lectin chromatography. Most preferably, high performance liquid chromatography ("HPLC") is employed for purification. Well known techniques for refolding protein may be employed to regenerate active conformation when the polypeptide is denatured during isolation and/or purification.

The polypeptides of the invention may be in monomers or multimers (i.e., dimers, trimers, tetramers and higher multimers). Accordingly, the present invention relates to monomers and multimers of the polypeptides of the invention, their preparation, and compositions (preferably, Therapeutics) containing them. In specific embodiments, the polypeptides of the invention are monomers, dimers, trimers or tetramers. In additional embodiments, the multimers of the invention are at least dimers, at least trimers, or at least tetramers.

Multimers encompassed by the invention may be homomers or heteromers. As used herein, the term homomer refers to a multimer containing only polypeptides corresponding to a protein of the invention (e.g., the amino acid sequence of SEQ ID NO:Y, an amino acid sequence encoded by SEQ ID NO:X or the complement of SEQ ID NO:X, the amino acid sequence encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2, and/or an amino acid sequence encoded by cDNA contained in ATCC™ Deposit No:Z (including fragments, variants, splice variants, and fusion proteins, corresponding to these as described herein)). These homomers may contain polypeptides having identical or different amino acid sequences. In a specific embodiment, a homomer of the invention is a multimer containing only polypeptides having an identical amino acid sequence. In another specific embodiment, a homomer of the invention is a multimer containing polypeptides having different amino acid sequences. In specific embodiments, the multimer of the invention is a homodimer (e.g., containing two polypeptides having identical or different amino acid sequences) or a homotrimer (e.g., containing three polypeptides having identical and/or different amino acid sequences). In additional

embodiments, the homomeric multimer of the invention is at least a homodimer, at least a homotrimer, or at least a homotetramer.

As used herein, the term heteromer refers to a multimer containing one or more heterologous polypeptides (i.e., polypeptides of different proteins) in addition to the polypeptides of the invention. In a specific embodiment, the multimer of the invention is a heterodimer, a heterotrimer, or a heterotetramer. In additional embodiments, the heteromeric multimer of the invention is at least a heterodimer, at least a heterotrimer, or at least a heterotetramer.

Multimers of the invention may be the result of hydrophobic, hydrophilic, ionic and/or covalent associations and/or may be indirectly linked by, for example, liposome formation. Thus, in one embodiment, multimers of the invention, such as, for example, homodimers or homotrimers, are formed when polypeptides of the invention contact one another in solution. In another embodiment, heteromultimers of the invention, such as, for example, heterotrimers or heterotetramers, are formed when polypeptides of the invention contact antibodies to the polypeptides of the invention (including antibodies to the heterologous polypeptide sequence in a fusion protein of the invention) in solution. In other embodiments, multimers of the invention are formed by covalent associations with and/or between the polypeptides of the invention. Such covalent associations may involve one or more amino acid residues contained in the polypeptide sequence (e.g., that recited in SEQ ID NO:Y, encoded by the portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2, and/or encoded by the cDNA contained in ATCC™ Deposit No:Z). In one instance, the covalent associations are cross-linking between cysteine residues located within the polypeptide sequences which interact in the native (i.e., naturally occurring) polypeptide. In another instance, the covalent associations are the consequence of chemical or recombinant manipulation. Alternatively, such covalent associations may involve one or more amino acid residues contained in the heterologous polypeptide sequence in a fusion protein. In one example, covalent associations are between the heterologous sequence contained in a fusion protein of the invention (see, e.g., US Patent Number 5,478,925). In a specific example, the covalent associations are between the heterologous sequence contained in a Fc fusion protein of the invention (as described herein). In another specific example, covalent associations of fusion proteins of the invention are between heterologous polypeptide sequence from another protein that is capable of forming covalently associated multimers, such as for example, osteoprotegerin (see, e.g., International Publication NO: WO 98/49305, the contents of which are herein incorporated by reference in its entirety). In another embodiment, two or more polypeptides of the invention are joined through peptide linkers. Examples include those peptide linkers described in U.S. Pat. No. 5,073,627 (hereby incorporated by reference). Proteins comprising multiple polypeptides of the invention separated by peptide linkers may be produced using conventional recombinant DNA technology.

Another method for preparing multimer polypeptides of the invention involves use of polypeptides of the invention fused to a leucine zipper or isoleucine zipper polypeptide sequence. Leucine zipper and isoleucine zipper domains are polypeptides that promote multimerization of the proteins in which they are found. Leucine zippers were originally identified in several DNA-binding proteins (Landschulz et al., Science 240:1759, (1988)), and have since been found in a variety of different proteins. Among the known leucine zippers are naturally occurring peptides and derivatives thereof that dimerize or trimerize. Examples of leucine zipper domains suitable for producing soluble multimeric proteins of the invention are those described in PCT application WO 94/10308, hereby incorporated by reference. Recombinant fusion proteins comprising a polypeptide of the invention fused to a polypeptide sequence that dimerizes or trimerizes in solution are expressed in suitable host cells, and the resulting soluble multimeric fusion protein is recovered from the culture supernatant using techniques known in the art.

Trimeric polypeptides of the invention may offer the advantage of enhanced biological activity. Preferred leucine zipper moieties and isoleucine moieties are those that preferentially form trimers. One example is a leucine zipper derived from lung surfactant protein D (SPD), as described in Hoppe et al. (FEBS Letters 344:191, (1994)) and in U.S. patent application Ser. No. 08/446,922, hereby incorporated by reference. Other peptides derived from naturally occurring trimeric proteins may be employed in preparing trimeric polypeptides of the invention.

In another example, proteins of the invention are associated by interactions between Flag® polypeptide sequence contained in fusion proteins of the invention containing Flag® polypeptide sequence. In a further embodiment, proteins of the invention are associated by interactions between heterologous polypeptide sequence contained in Flag® fusion proteins of the invention and anti-Flag® antibody.

The multimers of the invention may be generated using chemical techniques known in the art. For example, polypeptides desired to be contained in the multimers of the invention may be chemically cross-linked using linker molecules and linker molecule length optimization techniques known in the art (see, e.g., US Patent Number 5,478,925, which is herein incorporated by reference in its entirety). Additionally, multimers of the invention may be generated using techniques known in the art to form one or more inter-molecule cross-links between the cysteine residues located within the sequence of the polypeptides desired to be contained in the multimer (see, e.g., US Patent Number 5,478,925, which is herein incorporated by reference in its entirety). Further, polypeptides of the invention may be routinely modified by the addition of cysteine or biotin to the C-terminus or N-terminus of the polypeptide and techniques known in the art may be applied to generate multimers containing one or more of these modified polypeptides (see, e.g., US Patent Number 5,478,925, which is herein incorporated by reference in its entirety). Additionally, techniques known in the art may be applied to generate liposomes containing the polypeptide

components desired to be contained in the multimer of the invention (see, e.g., US Patent Number 5,478,925, which is herein incorporated by reference in its entirety).

Alternatively, multimers of the invention may be generated using genetic engineering techniques known in the art. In one embodiment, polypeptides contained in multimers of the invention are produced recombinantly using fusion protein technology described herein or otherwise known in the art (see, e.g., US Patent Number 5,478,925, which is herein incorporated by reference in its entirety). In a specific embodiment, polynucleotides coding for a homodimer of the invention are generated by ligating a polynucleotide sequence encoding a polypeptide of the invention to a sequence encoding a linker polypeptide and then further to a synthetic polynucleotide encoding the translated product of the polypeptide in the reverse orientation from the original C-terminus to the N-terminus (lacking the leader sequence) (see, e.g., US Patent Number 5,478,925, which is herein incorporated by reference in its entirety). In another embodiment, recombinant techniques described herein or otherwise known in the art are applied to generate recombinant polypeptides of the invention which contain a transmembrane domain (or hydrophobic or signal peptide) and which can be incorporated by membrane reconstitution techniques into liposomes (see, e.g., US Patent Number 5,478,925, which is herein incorporated by reference in its entirety).

Antibodies

Further polypeptides of the invention relate to antibodies and T-cell antigen receptors (TCR) which immunospecifically bind a polypeptide, polypeptide fragment, or variant of the invention (e.g., a polypeptide or fragment or variant of the amino acid sequence of SEQ ID NO:Y or a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z, and/or an epitope, of the present invention) as determined by immunoassays well known in the art for assaying specific antibody-antigen binding. Antibodies of the invention include, but are not limited to, polyclonal, monoclonal, multispecific, human, humanized or chimeric antibodies, single chain antibodies, Fab fragments, F(ab') fragments, fragments produced by a Fab expression library, anti-idiotypic (anti-Id) antibodies (including, e.g., anti-Id antibodies to antibodies of the invention), intracellularly-made antibodies (i.e., intrabodies), and epitope-binding fragments of any of the above. The term "antibody," as used herein, refers to immunoglobulin molecules and immunologically active portions of immunoglobulin molecules, i.e., molecules that contain an antigen binding site that immunospecifically binds an antigen. The immunoglobulin molecules of the invention can be of any type (e.g., IgG, IgE, IgM, IgD, IgA and IgY), class (e.g., IgG1, IgG2, IgG3, IgG4, IgA1 and IgA2) or subclass of immunoglobulin molecule. In preferred embodiments, the immunoglobulin molecules of the invention are IgG1. In other preferred embodiments, the immunoglobulin molecules of the invention are IgG4.

Most preferably the antibodies are human antigen-binding antibody fragments of the present invention and include, but are not limited to, Fab, Fab' and F(ab')2, Fd, single-chain Fvs (scFv), single-chain antibodies, disulfide-linked Fvs (sdFv) and fragments comprising either a VL or VH domain. Antigen-binding antibody fragments, including single-chain antibodies, may comprise the variable region(s) alone or in combination with the entirety or a portion of the following: hinge region, CH1, CH2, and CH3 domains. Also included in the invention are antigen-binding fragments also comprising any combination of variable region(s) with a hinge region, CH1, CH2, and CH3 domains. The antibodies of the invention may be from any animal origin including birds and mammals. Preferably, the antibodies are human, murine (e.g., mouse and rat), donkey, ship rabbit, goat, guinea pig, camel, horse, or chicken. As used herein, "human" antibodies include antibodies having the amino acid sequence of a human immunoglobulin and include antibodies isolated from human immunoglobulin libraries or from animals transgenic for one or more human immunoglobulin and that do not express endogenous immunoglobulins, as described infra and, for example in, U.S. Patent No. 5,939,598 by Kucherlapati et al.

The antibodies of the present invention may be monospecific, bispecific, trispecific or of greater multispecificity. Multispecific antibodies may be specific for different epitopes of a polypeptide of the present invention or may be specific for both a polypeptide of the present invention as well as for a heterologous epitope, such as a heterologous polypeptide or solid support material. See, e.g., PCT publications WO 93/17715; WO 92/08802; WO 91/00360; WO 92/05793; Tutt, et al., J. Immunol. 147:60-69 (1991); U.S. Patent Nos. 4,474,893; 4,714,681; 4,925,648; 5,573,920; 5,601,819; Kostelny et al., J. Immunol. 148:1547-1553 (1992).

Antibodies of the present invention may be described or specified in terms of the epitope(s) or portion(s) of a polypeptide of the present invention which they recognize or specifically bind. The epitope(s) or polypeptide portion(s) may be specified as described herein, e.g., by N-terminal and C-terminal positions, or by size in contiguous amino acid residues, or listed in the Tables and Figures. Preferred epitopes of the invention include the predicted epitopes shown in column 7 of Table 1B.1, as well as polynucleotides that encode these epitopes. Antibodies which specifically bind any epitope or polypeptide of the present invention may also be excluded. Therefore, the present invention includes antibodies that specifically bind polypeptides of the present invention, and allows for the exclusion of the same.

Antibodies of the present invention may also be described or specified in terms of their cross-reactivity. Antibodies that do not bind any other analog, ortholog, or homolog of a polypeptide of the present invention are included. Antibodies that bind polypeptides with at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 65%, at least 60%, at least 55%, and at least 50% identity (as calculated using methods known in the art and described herein) to a polypeptide of the present invention are also included in the present invention. In specific embodiments, antibodies of the present invention cross-react with murine,

rat and/or rabbit homologs of human proteins and the corresponding epitopes thereof. Antibodies that do not bind polypeptides with less than 95%, less than 90%, less than 85%, less than 80%, less than 75%, less than 70%, less than 65%, less than 60%, less than 55%, and less than 50% identity (as calculated using methods known in the art and described herein) to a polypeptide of the present invention are also included in the present invention. In a specific embodiment, the above-described cross-reactivity is with respect to any single specific antigenic or immunogenic polypeptide, or combination(s) of 2, 3, 4, 5, or more of the specific antigenic and/or immunogenic polypeptides disclosed herein. Further included in the present invention are antibodies which bind polypeptides encoded by polynucleotides which hybridize to a polynucleotide of the present invention under stringent hybridization conditions (as described herein). Antibodies of the present invention may also be described or specified in terms of their binding affinity to a polypeptide of the invention. Preferred binding affinities include those with a dissociation constant or Kd less than 5×10^{-2} M, 10^{-2} M, 5×10^{-3} M, 10^{-3} M, 5×10^{-4} M, 10^{-4} M, 5×10^{-5} M, 10^{-5} M, 5×10^{-6} M, 10^{-6}M, 5×10^{-7} M, 10^{7} M, 5×10^{-8} M, 10^{-8} M, 5×10^{-9} M, 10^{-9} M, 5×10^{-10} M, 10^{-10} M, 5×10^{-11} M, 10^{-11} M, 5×10^{-12} M, 10^{-12} M, 5×10^{-13} M, 10^{-13} M, 5×10^{-14} M, 10^{-14} M, 5×10^{-15} M, or 10^{-15} M.

The invention also provides antibodies that competitively inhibit binding of an antibody to an epitope of the invention as determined by any method known in the art for determining competitive binding, for example, the immunoassays described herein. In preferred embodiments, the antibody competitively inhibits binding to the epitope by at least 95%, at least 90%, at least 85 %, at least 80%, at least 75%, at least 70%, at least 60%, or at least 50%.

Antibodies of the present invention may act as agonists or antagonists of the polypeptides of the present invention. For example, the present invention includes antibodies which disrupt the receptor/ligand interactions with the polypeptides of the invention either partially or fully. Preferably, antibodies of the present invention bind an antigenic epitope disclosed herein, or a portion thereof. The invention features both receptor-specific antibodies and ligand-specific antibodies. The invention also features receptor-specific antibodies which do not prevent ligand binding but prevent receptor activation. Receptor activation (i.e., signaling) may be determined by techniques described herein or otherwise known in the art. For example, receptor activation can be determined by detecting the phosphorylation (e.g., tyrosine or serine/threonine) of the receptor or its substrate by immunoprecipitation followed by western blot analysis (for example, as described *supra*). In specific embodiments, antibodies are provided that inhibit ligand activity or receptor activity by at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 60%, or at least 50% of the activity in absence of the antibody.

The invention also features receptor-specific antibodies which both prevent ligand binding and receptor activation as well as antibodies that recognize the receptor-ligand complex, and, preferably, do not specifically recognize the unbound receptor or the unbound ligand. Likewise,

included in the invention are neutralizing antibodies which bind the ligand and prevent binding of the ligand to the receptor, as well as antibodies which bind the ligand, thereby preventing receptor activation, but do not prevent the ligand from binding the receptor. Further included in the invention are antibodies which activate the receptor. These antibodies may act as receptor agonists, i.e., potentiate or activate either all or a subset of the biological activities of the ligand-mediated receptor activation, for example, by inducing dimerization of the receptor. The antibodies may be specified as agonists, antagonists or inverse agonists for biological activities comprising the specific biological activities of the peptides of the invention disclosed herein. The above antibody agonists can be made using methods known in the art. See, e.g., PCT publication WO 96/40281; U.S. Patent No. 5,811,097; Deng et al., Blood 92(6):1981-1988 (1998); Chen et al., Cancer Res. 58(16):3668-3678 (1998); Harrop et al., J. Immunol. 161(4):1786-1794 (1998); Zhu et al., Cancer Res. 58(15):3209-3214 (1998); Yoon et al., J. Immunol. 160(7):3170-3179 (1998); Prat et al., J. Cell. Sci. 111(Pt2):237-247 (1998); Pitard et al., J. Immunol. Methods 205(2):177-190 (1997); Liautard et al., Cytokine 9(4):233-241 (1997); Carlson et al., J. Biol. Chem. 272(17):11295-11301 (1997); Taryman et al., Neuron 14(4):755-762 (1995); Muller et al., Structure 6(9):1153-1167 (1998); Bartunek et al., Cytokine 8(1):14-20 (1996) (which are all incorporated by reference herein in their entireties).

Antibodies of the present invention may be used, for example, to purify, detect, and target the polypeptides of the present invention, including both *in vitro* and *in vivo* diagnostic and therapeutic methods. For example, the antibodies have utility in immunoassays for qualitatively and quantitatively measuring levels of the polypeptides of the present invention in biological samples. See, e.g., Harlow et al., Antibodies: A Laboratory Manual, (Cold Spring Harbor Laboratory Press, 2nd ed. 1988); incorporated by reference herein in its entirety.

As discussed in more detail below, the antibodies of the present invention may be used either alone or in combination with other compositions. The antibodies may further be recombinantly fused to a heterologous polypeptide at the N- or C-terminus or chemically conjugated (including covalent and non-covalent conjugations) to polypeptides or other compositions. For example, antibodies of the present invention may be recombinantly fused or conjugated to molecules useful as labels in detection assays and effector molecules such as heterologous polypeptides, drugs, radionuclides, or toxins. See, e.g., PCT publications WO 92/08495; WO 91/14438; WO 89/12624; U.S. Patent No. 5,314,995; and EP 396,387; the disclosures of which are incorporated herein by reference in their entireties.

The antibodies of the invention include derivatives that are modified, i.e, by the covalent attachment of any type of molecule to the antibody such that covalent attachment does not prevent the antibody from generating an anti-idiotypic response. For example, but not by way of limitation, the antibody derivatives include antibodies that have been modified, e.g., by glycosylation, acetylation, pegylation, phosphylation, amidation, derivatization by known

protecting/blocking groups, proteolytic cleavage, linkage to a cellular ligand or other protein, etc. Any of numerous chemical modifications may be carried out by known techniques, including, but not limited to specific chemical cleavage, acetylation, formylation, metabolic synthesis of tunicamycin, etc. Additionally, the derivative may contain one or more non-classical amino acids.

The antibodies of the present invention may be generated by any suitable method known in the art. Polyclonal antibodies to an antigen-of- interest can be produced by various procedures well known in the art. For example, a polypeptide of the invention can be administered to various host animals including, but not limited to, rabbits, mice, rats, etc. to induce the production of sera containing polyclonal antibodies specific for the antigen. Various adjuvants may be used to increase the immunological response, depending on the host species, and include but are not limited to, Freund's (complete and incomplete), mineral gels such as aluminum hydroxide, surface active substances such as lysolecithin, pluronic polyols, polyanions, peptides, oil emulsions, keyhole limpet hemocyanins, dinitrophenol, and potentially useful human adjuvants such as BCG (bacille Calmette-Guerin) and corynebacterium parvum. Such adjuvants are also well known in the art.

Monoclonal antibodies can be prepared using a wide variety of techniques known in the art including the use of hybridoma, recombinant, and phage display technologies, or a combination thereof. For example, monoclonal antibodies can be produced using hybridoma techniques including those known in the art and taught, for example, in Harlow et al., Antibodies: A Laboratory Manual, (Cold Spring Harbor Laboratory Press, 2nd ed. 1988); Hammerling, et al., in: Monoclonal Antibodies and T-Cell Hybridomas 563-681 (Elsevier, N.Y., 1981) (said references incorporated by reference in their entireties). The term "monoclonal antibody" as used herein is not limited to antibodies produced through hybridoma technology. The term "monoclonal antibody" refers to an antibody that is derived from a single clone, including any eukaryotic, prokaryotic, or phage clone, and not the method by which it is produced.

Methods for producing and screening for specific antibodies using hybridoma technology are routine and well known in the art and are discussed in detail in the Examples. In a non-limiting example, mice can be immunized with a polypeptide of the invention or a cell expressing such peptide. Once an immune response is detected, e.g., antibodies specific for the antigen are detected in the mouse serum, the mouse spleen is harvested and splenocytes isolated. The splenocytes are then fused by well known techniques to any suitable myeloma cells, for example cells from cell line SP20 available from the ATCC™. Hybridomas are selected and cloned by limited dilution. The hybridoma clones are then assayed by methods known in the art for cells that secrete antibodies capable of binding a polypeptide of the invention. Ascites fluid, which generally contains high levels of antibodies, can be generated by immunizing mice with positive hybridoma clones.

Accordingly, the present invention provides methods of generating monoclonal antibodies as well as antibodies produced by the method comprising culturing a hybridoma cell secreting an antibody of the invention wherein, preferably, the hybridoma is generated by fusing splenocytes isolated from a mouse immunized with an antigen of the invention with myeloma cells and then screening the hybridomas resulting from the fusion for hybridoma clones that secrete an antibody able to bind a polypeptide of the invention.

Another well known method for producing both polyclonal and monoclonal human B cell lines is transformation using Epstein Barr Virus (EBV). Protocols for generating EBV-transformed B cell lines are commonly known in the art, such as, for example, the protocol outlined in Chapter 7.22 of Current Protocols in Immunology, Coligan et al., Eds., 1994, John Wiley & Sons, NY, which is hereby incorporated in its entirety by reference. The source of B cells for transformation is commonly human peripheral blood, but B cells for transformation may also be derived from other sources including, but not limited to, lymph nodes, tonsil, spleen, tumor tissue, and infected tissues. Tissues are generally made into single cell suspensions prior to EBV transformation. Additionally, steps may be taken to either physically remove or inactivate T cells (e.g., by treatment with cyclosporin A) in B cell-containing samples, because T cells from individuals seropositive for anti-EBV antibodies can suppress B cell immortalization by EBV.

In general, the sample containing human B cells is innoculated with EBV, and cultured for 3-4 weeks. A typical source of EBV is the culture supernatant of the B95-8 cell line (ATCC™ #VR-1492). Physical signs of EBV transformation can generally be seen towards the end of the 3-4 week culture period. By phase-contrast microscopy, transformed cells may appear large, clear, hairy and tend to aggregate in tight clusters of cells. Initially, EBV lines are generally polyclonal. However, over prolonged periods of cell cultures, EBV lines may become monoclonal or polyclonal as a result of the selective outgrowth of particular B cell clones. Alternatively, polyclonal EBV transformed lines may be subcloned (e.g., by limiting dilution culture) or fused with a suitable fusion partner and plated at limiting dilution to obtain monoclonal B cell lines. Suitable fusion partners for EBV transformed cell lines include mouse myeloma cell lines (e.g., SP2/0, X63-Ag8.653), heteromyeloma cell lines (human x mouse; e.g, SPAM-8, SBC-H20, and CB-F7), and human cell lines (e.g., GM 1500, SKO-007, RPMI 8226, and KR-4). Thus, the present invention also provides a method of generating polyclonal or monoclonal human antibodies against polypeptides of the invention or fragments thereof, comprising EBV-transformation of human B cells.

Antibody fragments which recognize specific epitopes may be generated by known techniques. For example, Fab and F(ab')2 fragments of the invention may be produced by proteolytic cleavage of immunoglobulin molecules, using enzymes such as papain (to produce Fab fragments) or pepsin (to produce F(ab')2 fragments). F(ab')2 fragments contain the variable region, the light chain constant region and the CH1 domain of the heavy chain.

For example, the antibodies of the present invention can also be generated using various phage display methods known in the art. In phage display methods, functional antibody domains are displayed on the surface of phage particles which carry the polynucleotide sequences encoding them. In a particular embodiment, such phage can be utilized to display antigen binding domains expressed from a repertoire or combinatorial antibody library (e.g., human or murine). Phage expressing an antigen binding domain that binds the antigen of interest can be selected or identified with antigen, e.g., using labeled antigen or antigen bound or captured to a solid surface or bead. Phage used in these methods are typically filamentous phage including fd and M13 binding domains expressed from phage with Fab, Fv or disulfide stabilized Fv antibody domains recombinantly fused to either the phage gene III or gene VIII protein. Examples of phage display methods that can be used to make the antibodies of the present invention include those disclosed in Brinkman et al., J. Immunol. Methods 182:41-50 (1995); Ames et al., J. Immunol. Methods 184:177-186 (1995); Kettleborough et al., Eur. J. Immunol. 24:952-958 (1994); Persic et al., Gene 187 9-18 (1997); Burton et al., Advances in Immunology 57:191-280 (1994); PCT application No. PCT/GB91/01134; PCT publications WO 90/02809; WO 91/10737; WO 92/01047; WO 92/18619; WO 93/11236; WO 95/15982; WO 95/20401; and U.S. Patent Nos. 5,698,426; 5,223,409; 5,403,484; 5,580,717; 5,427,908; 5,750,753; 5,821,047; 5,571,698; 5,427,908; 5,516,637; 5,780,225; 5,658,727; 5,733,743 and 5,969,108; each of which is incorporated herein by reference in its entirety.

As described in the above references, after phage selection, the antibody coding regions from the phage can be isolated and used to generate whole antibodies, including human antibodies, or any other desired antigen binding fragment, and expressed in any desired host, including mammalian cells, insect cells, plant cells, yeast, and bacteria, e.g., as described in detail below. For example, techniques to recombinantly produce Fab, Fab' and F(ab')2 fragments can also be employed using methods known in the art such as those disclosed in PCT publication WO 92/22324; Mullinax et al., BioTechniques 12(6):864-869 (1992); and Sawai et al., AJRI 34:26-34 (1995); and Better et al., Science 240:1041-1043 (1988) (said references incorporated by reference in their entireties).

Examples of techniques which can be used to produce single-chain Fvs and antibodies include those described in U.S. Patents 4,946,778 and 5,258,498; Huston et al., Methods in Enzymology 203:46-88 (1991); Shu et al., PNAS 90:7995-7999 (1993); and Skerra et al., Science 240:1038-1040 (1988). For some uses, including *in vivo* use of antibodies in humans and in vitro detection assays, it may be preferable to use chimeric, humanized, or human antibodies. A chimeric antibody is a molecule in which different portions of the antibody are derived from different animal species, such as antibodies having a variable region derived from a murine monoclonal antibody and a human immunoglobulin constant region. Methods for producing chimeric antibodies are known in the art. See e.g., Morrison, Science 229:1202 (1985); Oi et al.,

BioTechniques 4:214 (1986); Gillies et al., (1989) J. Immunol. Methods 125:191-202; U.S. Patent Nos. 5,807,715; 4,816,567; and 4,816397, which are incorporated herein by reference in their entirety. Humanized antibodies are antibody molecules from non-human species antibody that binds the desired antigen having one or more complementarity determining regions (CDRs) from the non-human species and a framework regions from a human immunoglobulin molecule. Often, framework residues in the human framework regions will be substituted with the corresponding residue from the CDR donor antibody to alter, preferably improve, antigen binding. These framework substitutions are identified by methods well known in the art, e.g., by modeling of the interactions of the CDR and framework residues to identify framework residues important for antigen binding and sequence comparison to identify unusual framework residues at particular positions. (See, e.g., Queen et al., U.S. Patent No. 5,585,089; Riechmann et al., Nature 332:323 (1988), which are incorporated herein by reference in their entireties.) Antibodies can be humanized using a variety of techniques known in the art including, for example, CDR-grafting (EP 239,400; PCT publication WO 91/09967; U.S. Patent Nos. 5,225,539; 5,530,101; and 5,585,089), veneering or resurfacing (EP 592,106; EP 519,596; Padlan, Molecular Immunology 28(4/5):489-498 (1991); Studnicka et al., Protein Engineering 7(6):805-814 (1994); Roguska. et al., PNAS 91:969-973 (1994)), and chain shuffling (U.S. Patent No. 5,565,332).

Completely human antibodies are particularly desirable for therapeutic treatment of human patients. Human antibodies can be made by a variety of methods known in the art including phage display methods described above using antibody libraries derived from human immunoglobulin sequences. See also, U.S. Patent Nos. 4,444,887 and 4,716,111; and PCT publications WO 98/46645, WO 98/50433, WO 98/24893, WO 98/16654, WO 96/34096, WO 96/33735, and WO 91/10741; each of which is incorporated herein by reference in its entirety.

Human antibodies can also be produced using transgenic mice which are incapable of expressing functional endogenous immunoglobulins, but which can express human immunoglobulin genes. For example, the human heavy and light chain immunoglobulin gene complexes may be introduced randomly or by homologous recombination into mouse embryonic stem cells. Alternatively, the human variable region, constant region, and diversity region may be introduced into mouse embryonic stem cells in addition to the human heavy and light chain genes. The mouse heavy and light chain immunoglobulin genes may be rendered non-functional separately or simultaneously with the introduction of human immunoglobulin loci by homologous recombination. In particular, homozygous deletion of the JH region prevents endogenous antibody production. The modified embryonic stem cells are expanded and microinjected into blastocysts to produce chimeric mice. The chimeric mice are then bred to produce homozygous offspring which express human antibodies. The transgenic mice are immunized in the normal fashion with a selected antigen, e.g., all or a portion of a polypeptide of the invention. Monoclonal antibodies directed against the antigen can be obtained from the immunized, transgenic mice using

conventional hybridoma technology. The human immunoglobulin transgenes harbored by the transgenic mice rearrange during B cell differentiation, and subsequently undergo class switching and somatic mutation. Thus, using such a technique, it is possible to produce therapeutically useful IgG, IgA, IgM and IgE antibodies. For an overview of this technology for producing human antibodies, see Lonberg and Huszar, Int. Rev. Immunol. 13:65-93 (1995). For a detailed discussion of this technology for producing human antibodies and human monoclonal antibodies and protocols for producing such antibodies, see, e.g., PCT publications WO 98/24893; WO 92/01047; WO 96/34096; WO 96/33735; European Patent No. 0 598 877; U.S. Patent Nos. 5,413,923; 5,625,126; 5,633,425; 5,569,825; 5,661,016; 5,545,806; 5,814,318; 5,885,793; 5,916,771; 5,939,598; 6,075,181; and 6,114,598, which are incorporated by reference herein in their entirety. In addition, companies such as ~~Abgenix~~ABGENIX™, Inc. (Freemont, CA) and Genpharm (San Jose, CA) can be engaged to provide human antibodies directed against a selected antigen using technology similar to that described above.

Completely human antibodies which recognize a selected epitope can be generated using a technique referred to as "guided selection." In this approach a selected non-human monoclonal antibody, e.g., a mouse antibody, is used to guide the selection of a completely human antibody recognizing the same epitope. (Jespers et al., Bio/technology 12:899-903 (1988)).

Further, antibodies to the polypeptides of the invention can, in turn, be utilized to generate anti-idiotype antibodies that "mimic" polypeptides of the invention using techniques well known to those skilled in the art. (See, e.g., Greenspan & Bona, FASEB J. 7(5):437-444; (1989) and Nissinoff, J. Immunol. 147(8):2429-2438 (1991)). For example, antibodies which bind to and competitively inhibit polypeptide multimerization and/or binding of a polypeptide of the invention to a ligand can be used to generate anti-idiotypes that "mimic" the polypeptide multimerization and/or binding domain and, as a consequence, bind to and neutralize polypeptide and/or its ligand. Such neutralizing anti-idiotypes or Fab fragments of such anti-idiotypes can be used in therapeutic regimens to neutralize polypeptide ligand(s)/receptor(s). For example, such anti-idiotypic antibodies can be used to bind a polypeptide of the invention and/or to bind its ligand(s)/receptor(s), and thereby block its biological activity. Alternatively, antibodies which bind to and enhance polypeptide multimerization and/or binding, and/or receptor/ligand multimerization, binding and/or signaling can be used to generate anti-idiotypes that function as agonists of a polypeptide of the invention and/or its ligand/receptor. Such agonistic anti-idiotypes or Fab fragments of such anti-idiotypes can be used in therapeutic regimens as agonists of the polypeptides of the invention or its ligand(s)/receptor(s). For example, such anti-idiotypic antibodies can be used to bind a polypeptide of the invention and/or to bind its ligand(s)/receptor(s), and thereby promote or enhance its biological activity.

Intrabodies of the invention can be produced using methods known in the art, such as those disclosed and reviewed in Chen et al., Hum. Gene Ther. 5:595-601 (1994); Marasco, W.A.,

Gene Ther. 4:11-15 (1997); Rondon and Marasco, Annu. Rev. Microbiol. 51:257-283 (1997); Proba et al., J. Mol. Biol. 275:245-253 (1998); Cohen et al., Oncogene 17:2445-2456 (1998); Ohage and Steipe, J. Mol. Biol. 291:1119-1128 (1999); Ohage et al., J. Mol. Biol. 291:1129-1134 (1999); Wirtz and Steipe, Protein Sci. 8:2245-2250 (1999); Zhu et al., J. Immunol. Methods 231:207-222 (1999); and references cited therein.

Polynucleotides Encoding Antibodies

The invention further provides polynucleotides comprising a nucleotide sequence encoding an antibody of the invention and fragments thereof. The invention also encompasses polynucleotides that hybridize under stringent or alternatively, under lower stringency hybridization conditions, e.g., as defined *supra*, to polynucleotides that encode an antibody, preferably, that specifically binds to a polypeptide of the invention, preferably, an antibody that binds to a polypeptide having the amino acid sequence of SEQ ID NO:Y, to a polypeptide encoded by a portion of SEQ ID NO:X as defined in columns 8 and 9 of Table 2, and/or to a polypeptide encoded by the cDNA contained in ATCC™ Deposit No:Z.

The polynucleotides may be obtained, and the nucleotide sequence of the polynucleotides determined, by any method known in the art. For example, if the nucleotide sequence of the antibody is known, a polynucleotide encoding the antibody may be assembled from chemically synthesized oligonucleotides (e.g., as described in Kutmeier et al., BioTechniques 17:242 (1994)), which, briefly, involves the synthesis of overlapping oligonucleotides containing portions of the sequence encoding the antibody, annealing and ligating of those oligonucleotides, and then amplification of the ligated oligonucleotides by PCR.

Alternatively, a polynucleotide encoding an antibody may be generated from nucleic acid from a suitable source. If a clone containing a nucleic acid encoding a particular antibody is not available, but the sequence of the antibody molecule is known, a nucleic acid encoding the immunoglobulin may be chemically synthesized or obtained from a suitable source (e.g., an antibody cDNA library, or a cDNA library generated from, or nucleic acid, preferably poly A+ RNA, isolated from, any tissue or cells expressing the antibody, such as hybridoma cells selected to express an antibody of the invention) by PCR amplification using synthetic primers hybridizable to the 3' and 5' ends of the sequence or by cloning using an oligonucleotide probe specific for the particular gene sequence to identify, e.g., a cDNA clone from a cDNA library that encodes the antibody. Amplified nucleic acids generated by PCR may then be cloned into replicable cloning vectors using any method well known in the art.

Once the nucleotide sequence and corresponding amino acid sequence of the antibody is determined, the nucleotide sequence of the antibody may be manipulated using methods well known in the art for the manipulation of nucleotide sequences, e.g., recombinant DNA techniques, site directed mutagenesis, PCR, etc. (see, for example, the techniques described in Sambrook et

al., 1990, Molecular Cloning, A Laboratory Manual, 2d Ed., Cold Spring Harbor Laboratory, Cold Spring Harbor, NY and Ausubel et al., eds., 1998, Current Protocols in Molecular Biology, John Wiley & Sons, NY, which are both incorporated by reference herein in their entireties), to generate antibodies having a different amino acid sequence, for example to create amino acid substitutions, deletions, and/or insertions.

In a specific embodiment, the amino acid sequence of the heavy and/or light chain variable domains may be inspected to identify the sequences of the complementarity determining regions (CDRs) by methods that are well know in the art, e.g., by comparison to known amino acid sequences of other heavy and light chain variable regions to determine the regions of sequence hypervariability. Using routine recombinant DNA techniques, one or more of the CDRs may be inserted within framework regions, e.g., into human framework regions to humanize a non-human antibody, as described *supra*. The framework regions may be naturally occurring or consensus framework regions, and preferably human framework regions (see, e.g., Chothia et al., J. Mol. Biol. 278: 457-479 (1998) for a listing of human framework regions). Preferably, the polynucleotide generated by the combination of the framework regions and CDRs encodes an antibody that specifically binds a polypeptide of the invention. Preferably, as discussed *supra*, one or more amino acid substitutions may be made within the framework regions, and, preferably, the amino acid substitutions improve binding of the antibody to its antigen. Additionally, such methods may be used to make amino acid substitutions or deletions of one or more variable region cysteine residues participating in an intrachain disulfide bond to generate antibody molecules lacking one or more intrachain disulfide bonds. Other alterations to the polynucleotide are encompassed by the present invention and within the skill of the art.

In addition, techniques developed for the production of "chimeric antibodies" (Morrison et al., Proc. Natl. Acad. Sci. 81:851-855 (1984); Neuberger et al., Nature 312:604-608 (1984); Takeda et al., Nature 314:452-454 (1985)) by splicing genes from a mouse antibody molecule of appropriate antigen specificity together with genes from a human antibody molecule of appropriate biological activity can be used. As described *supra*, a chimeric antibody is a molecule in which different portions are derived from different animal species, such as those having a variable region derived from a murine mAb and a human immunoglobulin constant region, e.g., humanized antibodies.

Alternatively, techniques described for the production of single chain antibodies (U.S. Patent No. 4,946,778; Bird, Science 242:423- 42 (1988); Huston et al., Proc. Natl. Acad. Sci. USA 85:5879-5883 (1988); and Ward et al., Nature 334:544-54 (1989)) can be adapted to produce single chain antibodies. Single chain antibodies are formed by linking the heavy and light chain fragments of the Fv region via an amino acid bridge, resulting in a single chain polypeptide. Techniques for the assembly of functional Fv fragments in E. coli may also be used (Skerra et al., Science 242:1038- 1041 (1988)).

Methods of Producing Antibodies

The antibodies of the invention can be produced by any method known in the art for the synthesis of antibodies, in particular, by chemical synthesis or preferably, by recombinant expression techniques. Methods of producing antibodies include, but are not limited to, hybridoma technology, EBV transformation, and other methods discussed herein as well as through the use recombinant DNA technology, as discussed below.

Recombinant expression of an antibody of the invention, or fragment, derivative or analog thereof, (e.g., a heavy or light chain of an antibody of the invention or a single chain antibody of the invention), requires construction of an expression vector containing a polynucleotide that encodes the antibody. Once a polynucleotide encoding an antibody molecule or a heavy or light chain of an antibody, or portion thereof (preferably containing the heavy or light chain variable domain), of the invention has been obtained, the vector for the production of the antibody molecule may be produced by recombinant DNA technology using techniques well known in the art. Thus, methods for preparing a protein by expressing a polynucleotide containing an antibody encoding nucleotide sequence are described herein. Methods which are well known to those skilled in the art can be used to construct expression vectors containing antibody coding sequences and appropriate transcriptional and translational control signals. These methods include, for example, in vitro recombinant DNA techniques, synthetic techniques, and *in vivo* genetic recombination. The invention, thus, provides replicable vectors comprising a nucleotide sequence encoding an antibody molecule of the invention, or a heavy or light chain thereof, or a heavy or light chain variable domain, operably linked to a promoter. Such vectors may include the nucleotide sequence encoding the constant region of the antibody molecule (see, e.g., PCT Publication WO 86/05807; PCT Publication WO 89/01036; and U.S. Patent No. 5,122,464) and the variable domain of the antibody may be cloned into such a vector for expression of the entire heavy or light chain.

The expression vector is transferred to a host cell by conventional techniques and the transfected cells are then cultured by conventional techniques to produce an antibody of the invention. Thus, the invention includes host cells containing a polynucleotide encoding an antibody of the invention, or a heavy or light chain thereof, or a single chain antibody of the invention, operably linked to a heterologous promoter. In preferred embodiments for the expression of double-chained antibodies, vectors encoding both the heavy and light chains may be co-expressed in the host cell for expression of the entire immunoglobulin molecule, as detailed below.

A variety of host-expression vector systems may be utilized to express the antibody molecules of the invention. Such host-expression systems represent vehicles by which the coding sequences of interest may be produced and subsequently purified, but also represent cells which

may, when transformed or transfected with the appropriate nucleotide coding sequences, express an antibody molecule of the invention in situ. These include but are not limited to microorganisms such as bacteria (e.g., E. coli, B. subtilis) transformed with recombinant bacteriophage DNA, plasmid DNA or cosmid DNA expression vectors containing antibody coding sequences; yeast (e.g., Saccharomyces, Pichia) transformed with recombinant yeast expression vectors containing antibody coding sequences; insect cell systems infected with recombinant virus expression vectors (e.g., baculovirus) containing antibody coding sequences; plant cell systems infected with recombinant virus expression vectors (e.g., cauliflower mosaic virus, CaMV; tobacco mosaic virus, TMV) or transformed with recombinant plasmid expression vectors (e.g., Ti plasmid) containing antibody coding sequences; or mammalian cell systems (e.g., COS, CHO, BHK, 293, 3T3 cells) harboring recombinant expression constructs containing promoters derived from the genome of mammalian cells (e.g., metallothionein promoter) or from mammalian viruses (e.g., the adenovirus late promoter; the vaccinia virus 7.5K promoter). Preferably, bacterial cells such as Escherichia coli, and more preferably, eukaryotic cells, especially for the expression of whole recombinant antibody molecule, are used for the expression of a recombinant antibody molecule. For example, mammalian cells such as Chinese hamster ovary cells (CHO), in conjunction with a vector such as the major intermediate early gene promoter element from human cytomegalovirus is an effective expression system for antibodies (Foecking et al., Gene 45:101 (1986); Cockett et al., Bio/Technology 8:2 (1990)).

In bacterial systems, a number of expression vectors may be advantageously selected depending upon the use intended for the antibody molecule being expressed. For example, when a large quantity of such a protein is to be produced, for the generation of pharmaceutical compositions of an antibody molecule, vectors which direct the expression of high levels of fusion protein products that are readily purified may be desirable. Such vectors include, but are not limited, to the E. coli expression vector pUR278 (Ruther et al., EMBO J. 2:1791 (1983)), in which the antibody coding sequence may be ligated individually into the vector in frame with the lac Z coding region so that a fusion protein is produced; pIN vectors (Inouye & Inouye, Nucleic Acids Res. 13:3101-3109 (1985); Van Heeke & Schuster, J. Biol. Chem. 24:5503-5509 (1989)); and the like. pGEX vectors may also be used to express foreign polypeptides as fusion proteins with glutathione S-transferase (GST). In general, such fusion proteins are soluble and can easily be purified from lysed cells by adsorption and binding to matrix glutathione-agarose beads followed by elution in the presence of free glutathione. The pGEX vectors are designed to include thrombin or factor Xa protease cleavage sites so that the cloned target gene product can be released from the GST moiety.

In an insect system, Autographa californica nuclear polyhedrosis virus (AcNPV) is used as a vector to express foreign genes. The virus grows in *Spodoptera frugiperda* cells. The antibody coding sequence may be cloned individually into non-essential regions (for example the

polyhedrin gene) of the virus and placed under control of an AcNPV promoter (for example the polyhedrin promoter).

In mammalian host cells, a number of viral-based expression systems may be utilized. In cases where an adenovirus is used as an expression vector, the antibody coding sequence of interest may be ligated to an adenovirus transcription/translation control complex, e.g., the late promoter and tripartite leader sequence. This chimeric gene may then be inserted in the adenovirus genome by in vitro or *in vivo* recombination. Insertion in a non- essential region of the viral genome (e.g., region E1 or E3) will result in a recombinant virus that is viable and capable of expressing the antibody molecule in infected hosts. (e.g., see Logan & Shenk, Proc. Natl. Acad. Sci. USA 81:355-359 (1984)). Specific initiation signals may also be required for efficient translation of inserted antibody coding sequences. These signals include the ATG initiation codon and adjacent sequences. Furthermore, the initiation codon must be in phase with the reading frame of the desired coding sequence to ensure translation of the entire insert. These exogenous translational control signals and initiation codons can be of a variety of origins, both natural and synthetic. The efficiency of expression may be enhanced by the inclusion of appropriate transcription enhancer elements, transcription terminators, etc. (see Bittner et al., Methods in Enzymol. 153:51-544 (1987)).

In addition, a host cell strain may be chosen which modulates the expression of the inserted sequences, or modifies and processes the gene product in the specific fashion desired. Such modifications (e.g., glycosylation) and processing (e.g., cleavage) of protein products may be important for the function of the protein. Different host cells have characteristic and specific mechanisms for the post-translational processing and modification of proteins and gene products. Appropriate cell lines or host systems can be chosen to ensure the correct modification and processing of the foreign protein expressed. To this end, eukaryotic host cells which possess the cellular machinery for proper processing of the primary transcript, glycosylation, and phosphorylation of the gene product may be used. Such mammalian host cells include but are not limited to CHO, VERY, BHK, Hela, COS, MDCK, 293, 3T3, WI38, and in particular, breast cancer cell lines such as, for example, BT483, Hs578T, HTB2, BT20 and T47D, and normal mammary gland cell line such as, for example, CRL7030 and Hs578Bst.

For long-term, high-yield production of recombinant proteins, stable expression is preferred. For example, cell lines which stably express the antibody molecule may be engineered. Rather than using expression vectors which contain viral origins of replication, host cells can be transformed with DNA controlled by appropriate expression control elements (e.g., promoter, enhancer, sequences, transcription terminators, polyadenylation sites, etc.), and a selectable marker. Following the introduction of the foreign DNA, engineered cells may be allowed to grow for 1-2 days in an enriched media, and then are switched to a selective media. The selectable marker in the recombinant plasmid confers resistance to the selection and allows cells to stably

integrate the plasmid into their chromosomes and grow to form foci which in turn can be cloned and expanded into cell lines. This method may advantageously be used to engineer cell lines which express the antibody molecule. Such engineered cell lines may be particularly useful in screening and evaluation of compounds that interact directly or indirectly with the antibody molecule.

A number of selection systems may be used, including but not limited to the herpes simplex virus thymidine kinase (Wigler et al., Cell 11:223 (1977)), hypoxanthine-guanine phosphoribosyltransferase (Szybalska & Szybalski, Proc. Natl. Acad. Sci. USA 48:202 (1992)), and adenine phosphoribosyltransferase (Lowy et al., Cell 22:817 (1980)) genes can be employed in tk-, hgprt- or aprt- cells, respectively. Also, antimetabolite resistance can be used as the basis of selection for the following genes: dhfr, which confers resistance to methotrexate (Wigler et al., Natl. Acad. Sci. USA 77:357 (1980); O'Hare et al., Proc. Natl. Acad. Sci. USA 78:1527 (1981)); gpt, which confers resistance to mycophenolic acid (Mulligan & Berg, Proc. Natl. Acad. Sci. USA 78:2072 (1981)); neo, which confers resistance to the aminoglycoside G-418 Clinical Pharmacy 12:488-505; Wu and Wu, Biotherapy 3:87-95 (1991); Tolstoshev, Ann. Rev. Pharmacol. Toxicol. 32:573-596 (1993); Mulligan, Science 260:926-932 (1993); and Morgan and Anderson, Ann. Rev. Biochem. 62:191-217 (1993); May, 1993, TIB TECH 11(5):155-215 (1993)); and hygro, which confers resistance to hygromycin (Santerre et al., Gene 30:147 (1984)). Methods commonly known in the art of recombinant DNA technology may be routinely applied to select the desired recombinant clone, and such methods are described, for example, in Ausubel et al. (eds.), Current Protocols in Molecular Biology, John Wiley & Sons, NY (1993); Kriegler, Gene Transfer and Expression, A Laboratory Manual, Stockton Press, NY (1990); and in Chapters 12 and 13, Dracopoli et al. (eds), Current Protocols in Human Genetics, John Wiley & Sons, NY (1994); Colberre-Garapin et al., J. Mol. Biol. 150:1 (1981), which are incorporated by reference herein in their entireties.

The expression levels of an antibody molecule can be increased by vector amplification (for a review, see Bebbington and Hentschel, The use of vectors based on gene amplification for the expression of cloned genes in mammalian cells in DNA cloning, Vol.3. (Academic Press, New York, 1987)). When a marker in the vector system expressing antibody is amplifiable, increase in the level of inhibitor present in culture of host cell will increase the number of copies of the marker gene. Since the amplified region is associated with the antibody gene, production of the antibody will also increase (Crouse et al., Mol. Cell. Biol. 3:257 (1983)).

Vectors which use glutamine synthase (GS) or DHFR as the selectable markers can be amplified in the presence of the drugs methionine sulphoximine or methotrexate, respectively. An advantage of glutamine synthase based vectors are the availabilty of cell lines (e.g., the murine myeloma cell line, NS0) which are glutamine synthase negative. Glutamine synthase expression systems can also function in glutamine synthase expressing cells (e.g. Chinese Hamster Ovary

(CHO) cells) by providing additional inhibitor to prevent the functioning of the endogenous gene. A glutamine synthase expression system and components thereof are detailed in PCT publications: WO87/04462; WO86/05807; WO89/01036; WO89/10404; and WO91/06657 which are incorporated in their entireties by reference herein. Additionally, glutamine synthase expression vectors that may be used according to the present invention are commercially available from suplliers, including, for example Lonza Biologics, Inc. (Portsmouth, NH). Expression and production of monoclonal antibodies using a GS expression system in murine myeloma cells is described in Bebbington *et al.*, *Bio/technology* 10:169(1992) and in Biblia and Robinson *Biotechnol. Prog.* 11:1 (1995) which are incorporated in their entirities by reference herein.

The host cell may be co-transfected with two expression vectors of the invention, the first vector encoding a heavy chain derived polypeptide and the second vector encoding a light chain derived polypeptide. The two vectors may contain identical selectable markers which enable equal expression of heavy and light chain polypeptides. Alternatively, a single vector may be used which encodes, and is capable of expressing, both heavy and light chain polypeptides. In such situations, the light chain should be placed before the heavy chain to avoid an excess of toxic free heavy chain (Proudfoot, Nature 322:52 (1986); Kohler, Proc. Natl. Acad. Sci. USA 77:2197 (1980)). The coding sequences for the heavy and light chains may comprise cDNA or genomic DNA.

Once an antibody molecule of the invention has been produced by an animal, chemically synthesized, or recombinantly expressed, it may be purified by any method known in the art for purification of an immunoglobulin molecule, for example, by chromatography (e.g., ion exchange, affinity, particularly by affinity for the specific antigen after Protein A, and sizing column chromatography), centrifugation, differential solubility, or by any other standard technique for the purification of proteins. In addition, the antibodies of the present invention or fragments thereof can be fused to heterologous polypeptide sequences described herein or otherwise known in the art, to facilitate purification.

The present invention encompasses antibodies recombinantly fused or chemically conjugated (including both covalently and non-covalently conjugations) to a polypeptide (or portion thereof, preferably at least 10, 20, 30, 40, 50, 60, 70, 80, 90 or 100 amino acids of the polypeptide) of the present invention to generate fusion proteins. The fusion does not necessarily need to be direct, but may occur through linker sequences. The antibodies may be specific for antigens other than polypeptides (or portion thereof, preferably at least 10, 20, 30, 40, 50, 60, 70, 80, 90 or 100 amino acids of the polypeptide) of the present invention. For example, antibodies may be used to target the polypeptides of the present invention to particular cell types, either in vitro or *in vivo*, by fusing or conjugating the polypeptides of the present invention to antibodies specific for particular cell surface receptors. Antibodies fused or conjugated to the polypeptides of the present invention may also be used in in vitro immunoassays and purification methods using

methods known in the art. See e.g., Harbor et al., *supra*, and PCT publication WO 93/21232; EP 439,095; Naramura et al., Immunol. Lett. 39:91-99 (1994); U.S. Patent 5,474,981; Gillies et al., PNAS 89:1428-1432 (1992); Fell et al., J. Immunol. 146:2446-2452 (1991), which are incorporated by reference in their entireties.

The present invention further includes compositions comprising the polypeptides of the present invention fused or conjugated to antibody domains other than the variable regions. For example, the polypeptides of the present invention may be fused or conjugated to an antibody Fc region, or portion thereof. The antibody portion fused to a polypeptide of the present invention may comprise the constant region, hinge region, CH1 domain, CH2 domain, and CH3 domain or any combination of whole domains or portions thereof. The polypeptides may also be fused or conjugated to the above antibody portions to form multimers. For example, Fc portions fused to the polypeptides of the present invention can form dimers through disulfide bonding between the Fc portions. Higher multimeric forms can be made by fusing the polypeptides to portions of IgA and IgM. Methods for fusing or conjugating the polypeptides of the present invention to antibody portions are known in the art. See, e.g., U.S. Patent Nos. 5,336,603; 5,622,929; 5,359,046; 5,349,053; 5,447,851; 5,112,946; EP 307,434; EP 367,166; PCT publications WO 96/04388; WO 91/06570; Ashkenazi et al., Proc. Natl. Acad. Sci. USA 88:10535-10539 (1991); Zheng et al., J. Immunol. 154:5590-5600 (1995); and Vil et al., Proc. Natl. Acad. Sci. USA 89:11337- 11341 (1992) (said references incorporated by reference in their entireties).

As discussed, *supra*, the polypeptides corresponding to a polypeptide, polypeptide fragment, or a variant of SEQ ID NO:Y may be fused or conjugated to the above antibody portions to increase the *in vivo* half life of the polypeptides or for use in immunoassays using methods known in the art. Further, the polypeptides corresponding to SEQ ID NO:Y may be fused or conjugated to the above antibody portions to facilitate purification. One reported example describes chimeric proteins consisting of the first two domains of the human CD4-polypeptide and various domains of the constant regions of the heavy or light chains of mammalian immunoglobulins. See EP 394,827; and Traunecker et al., Nature 331:84-86 (1988). The polypeptides of the present invention fused or conjugated to an antibody having disulfide- linked dimeric structures (due to the IgG) may also be more efficient in binding and neutralizing other molecules, than the monomeric secreted protein or protein fragment alone. See, for example, Fountoulakis et al., J. Biochem. 270:3958-3964 (1995). In many cases, the Fc part in a fusion protein is beneficial in therapy and diagnosis, and thus can result in, for example, improved pharmacokinetic properties. See, for example, EP A 232,262. Alternatively, deleting the Fc part after the fusion protein has been expressed, detected, and purified, would be desired. For example, the Fc portion may hinder therapy and diagnosis if the fusion protein is used as an antigen for immunizations. In drug discovery, for example, human proteins, such as hIL-5, have been fused with Fc portions for the purpose of high-throughput screening assays to identify antagonists of

hIL-5. (See, Bennett et al., J. Molecular Recognition 8:52-58 (1995); Johanson et al., J. Biol. Chem. 270:9459-9471 (1995)).

Moreover, the antibodies or fragments thereof of the present invention can be fused to marker sequences, such as a peptide to facilitate purification. In preferred embodiments, the marker amino acid sequence is a hexa-histidine peptide, such as the tag provided in a pQE vector (QIAGEN, Inc., 9259 Eton Avenue, Chatsworth, CA, 91311), among others, many of which are commercially available. As described in Gentz et al., Proc. Natl. Acad. Sci. USA 86:821-824 (1989), for instance, hexa-histidine provides for convenient purification of the fusion protein. Other peptide tags useful for purification include, but are not limited to, the "HA" tag, which corresponds to an epitope derived from the influenza hemagglutinin protein (Wilson et al., Cell 37:767 (1984)) and the "flag" tag.

The present invention further encompasses antibodies or fragments thereof conjugated to a diagnostic or therapeutic agent. The antibodies can be used diagnostically to, for example, monitor the development or progression of a tumor as part of a clinical testing procedure to, e.g., determine the efficacy of a given treatment regimen. Detection can be facilitated by coupling the antibody to a detectable substance. Examples of detectable substances include various enzymes, prosthetic groups, fluorescent materials, luminescent materials, bioluminescent materials, radioactive materials, positron emitting metals using various positron emission tomographies, and nonradioactive paramagnetic metal ions. The detectable substance may be coupled or conjugated either directly to the antibody (or fragment thereof) or indirectly, through an intermediate (such as, for example, a linker known in the art) using techniques known in the art. See, for example, U.S. Patent No. 4,741,900 for metal ions which can be conjugated to antibodies for use as diagnostics according to the present invention. Examples of suitable enzymes include horseradish peroxidase, alkaline phosphatase, beta-galactosidase, or acetylcholinesterase; examples of suitable prosthetic group complexes include streptavidin/biotin and avidin/biotin; examples of suitable fluorescent materials include umbelliferone, fluorescein, fluorescein isothiocyanate, rhodamine, dichlorotriazinylamine fluorescein, dansyl chloride or phycoerythrin; an example of a luminescent material includes luminol; examples of bioluminescent materials include luciferase, luciferin, and aequorin; and examples of suitable radioactive material include 125I, 131I, 111In or 99Tc.

Further, an antibody or fragment thereof may be conjugated to a therapeutic moiety such as a cytotoxin, e.g., a cytostatic or cytocidal agent, a therapeutic agent or a radioactive metal ion, e.g., alpha-emitters such as, for example, 213Bi. A cytotoxin or cytotoxic agent includes any agent that is detrimental to cells. Examples include paclitaxol, cytochalasin B, gramicidin D, ethidium bromide, emetine, mitomycin, etoposide, tenoposide, vincristine, vinblastine, colchicin, doxorubicin, daunorubicin, dihydroxy anthracin dione, mitoxantrone, mithramycin, actinomycin D, 1-dehydrotestosterone, glucocorticoids, procaine, tetracaine, lidocaine, propranolol, and puromycin and analogs or homologs thereof. Therapeutic agents include, but are not limited to,

antimetabolites (e.g., methotrexate, 6-mercaptopurine, 6-thioguanine, cytarabine, 5-fluorouracil decarbazine), alkylating agents (e.g., mechlorethamine, thioepa chlorambucil, melphalan, carmustine (BSNU) and lomustine (CCNU), cyclothosphamide, busulfan, dibromomannitol, streptozotocin, mitomycin C, and cis- dichlorodiamine platinum (II) (DDP) cisplatin), anthracyclines (e.g., daunorubicin (formerly daunomycin) and doxorubicin), antibiotics (e.g., dactinomycin (formerly actinomycin), bleomycin, mithramycin, and anthramycin (AMC)), and anti-mitotic agents (e.g., vincristine and vinblastine).

The conjugates of the invention can be used for modifying a given biological response, the therapeutic agent or drug moiety is not to be construed as limited to classical chemical therapeutic agents. For example, the drug moiety may be a protein or polypeptide possessing a desired biological activity. Such proteins may include, for example, a toxin such as abrin, ricin A, pseudomonas exotoxin, or diphtheria toxin; a protein such as tumor necrosis factor, a-interferon, ß-interferon, nerve growth factor, platelet derived growth factor, tissue plasminogen activator, an apoptotic agent, e.g., TNF-alpha, TNF-beta, AIM I (See, International Publication No. WO 97/33899), AIM II (See, International Publication No. WO 97/34911), Fas Ligand (Takahashi *et al., Int. Immunol., 6*:1567-1574 (1994)), VEGI (See, International Publication No. WO 99/23105), a thrombotic agent or an anti- angiogenic agent, e.g., angiostatin or endostatin; or, biological response modifiers such as, for example, lymphokines, interleukin-1 ("IL-1"), interleukin-2 ("IL-2"), interleukin-6 ("IL-6"), granulocyte macrophage colony stimulating factor ("GM-CSF"), granulocyte colony stimulating factor ("G-CSF"), or other growth factors.

Antibodies may also be attached to solid supports, which are particularly useful for immunoassays or purification of the target antigen. Such solid supports include, but are not limited to, glass, cellulose, polyacrylamide, nylon, polystyrene, polyvinyl chloride or polypropylene.

Techniques for conjugating such therapeutic moiety to antibodies are well known. See, for example, Arnon et al., "Monoclonal Antibodies For Immunotargeting Of Drugs In Cancer Therapy", in Monoclonal Antibodies And Cancer Therapy, Reisfeld et al. (eds.), pp. 243-56 (Alan R. Liss, Inc. 1985); Hellstrom et al., "Antibodies For Drug Delivery", in Controlled Drug Delivery (2nd Ed.), Robinson et al. (eds.), pp. 623-53 (Marcel Dekker, Inc. 1987); Thorpe, "Antibody Carriers Of Cytotoxic Agents In Cancer Therapy: A Review", in Monoclonal Antibodies '84: Biological And Clinical Applications, Pinchera et al. (eds.), pp. 475-506 (1985); "Analysis, Results, And Future Prospective Of The Therapeutic Use Of Radiolabeled Antibody In Cancer Therapy", in Monoclonal Antibodies For Cancer Detection And Therapy, Baldwin et al. (eds.), pp. 303-16 (Academic Press 1985), and Thorpe et al., "The Preparation And Cytotoxic Properties Of Antibody-Toxin Conjugates", Immunol. Rev. 62:119-58 (1982).

Alternatively, an antibody can be conjugated to a second antibody to form an antibody heteroconjugate as described by Segal in U.S. Patent No. 4,676,980, which is incorporated herein by reference in its entirety.

An antibody, with or without a therapeutic moiety conjugated to it, administered alone or in combination with cytotoxic factor(s) and/or cytokine(s) can be used as a therapeutic.

Immunophenotyping

The antibodies of the invention may be utilized for immunophenotyping of cell lines and biological samples. Translation products of the gene of the present invention may be useful as cell-specific markers, or more specifically as cellular markers that are differentially expressed at various stages of differentiation and/or maturation of particular cell types. Monoclonal antibodies directed against a specific epitope, or combination of epitopes, will allow for the screening of cellular populations expressing the marker. Various techniques can be utilized using monoclonal antibodies to screen for cellular populations expressing the marker(s), and include magnetic separation using antibody-coated magnetic beads, "panning" with antibody attached to a solid matrix (i.e., plate), and flow cytometry (See, e.g., U.S. Patent 5,985,660; and Morrison *et al., Cell, 96*:737-49 (1999)).

These techniques allow for the screening of particular populations of cells, such as might be found with hematological malignancies (i.e. minimal residual disease (MRD) in acute leukemic patients) and "non-self" cells in transplantations to prevent Graft-versus-Host Disease (GVHD). Alternatively, these techniques allow for the screening of hematopoietic stem and progenitor cells capable of undergoing proliferation and/or differentiation, as might be found in human umbilical cord blood.

Assays For Antibody Binding

The antibodies of the invention may be assayed for immunospecific binding by any method known in the art. The immunoassays which can be used include but are not limited to competitive and non-competitive assay systems using techniques such as western blots, radioimmunoassays, ELISA (enzyme linked immunosorbent assay), "sandwich" immunoassays, immunoprecipitation assays, precipitin reactions, gel diffusion precipitin reactions, immunodiffusion assays, agglutination assays, complement-fixation assays, immunoradiometric assays, fluorescent immunoassays, and protein A immunoassays, to name but a few. Such assays are routine and well known in the art (see, e.g., Ausubel et al, eds, 1994, Current Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York, which is incorporated by reference herein in its entirety). Exemplary immunoassays are described briefly below (but are not intended by way of limitation).

Immunoprecipitation protocols generally comprise lysing a population of cells in a lysis buffer such as RIPA buffer (1% NP-40 or Triton X- 100, 1% sodium deoxycholate, 0.1% SDS, 0.15 M NaCl, 0.01 M sodium phosphate at pH 7.2, 1% Trasylol) supplemented with protein phosphatase and/or protease inhibitors (e.g., EDTA, PMSF, aprotinin, sodium vanadate), adding the antibody of interest to the cell lysate, incubating for a period of time (e.g., 1-4 hours) at 4° C, adding protein A and/or protein G sepharose beads to the cell lysate, incubating for about an hour or more at 4° C, washing the beads in lysis buffer and resuspending the beads in SDS/sample buffer. The ability of the antibody of interest to immunoprecipitate a particular antigen can be assessed by, e.g., western blot analysis. One of skill in the art would be knowledgeable as to the parameters that can be modified to increase the binding of the antibody to an antigen and decrease the background (e.g., pre-clearing the cell lysate with sepharose beads). For further discussion regarding immunoprecipitation protocols see, e.g., Ausubel et al., eds., (1994), Current Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York, section 10.16.1.

Western blot analysis generally comprises preparing protein samples, electrophoresis of the protein samples in a polyacrylamide gel (e.g., 8%- 20% SDS-PAGE depending on the molecular weight of the antigen), transferring the protein sample from the polyacrylamide gel to a membrane such as nitrocellulose, PVDF or nylon, blocking the membrane in blocking solution (e.g., PBS with 3% BSA or non-fat milk), washing the membrane in washing buffer (e.g., PBS-Tween 20), blocking the membrane with primary antibody (the antibody of interest) diluted in blocking buffer, washing the membrane in washing buffer, blocking the membrane with a secondary antibody (which recognizes the primary antibody, e.g., an anti-human antibody) conjugated to an enzymatic substrate (e.g., horseradish peroxidase or alkaline phosphatase) or radioactive molecule (e.g., 32P or 125I) diluted in blocking buffer, washing the membrane in wash buffer, and detecting the presence of the antigen. One of skill in the art would be knowledgeable as to the parameters that can be modified to increase the signal detected and to reduce the background noise. For further discussion regarding western blot protocols see, e.g., Ausubel et al, eds, (1994), Current Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York, section 10.8.1.

ELISAs comprise preparing antigen, coating the well of a 96 well microtiter plate with the antigen, adding the antibody of interest conjugated to a detectable compound such as an enzymatic substrate (e.g., horseradish peroxidase or alkaline phosphatase) to the well and incubating for a period of time, and detecting the presence of the antigen. In ELISAs the antibody of interest does not have to be conjugated to a detectable compound; instead, a second antibody (which recognizes the antibody of interest) conjugated to a detectable compound may be added to the well. Further, instead of coating the well with the antigen, the antibody may be coated to the well. In this case, a second antibody conjugated to a detectable compound may be added following the addition of the antigen of interest to the coated well. One of skill in the art would be

knowledgeable as to the parameters that can be modified to increase the signal detected as well as other variations of ELISAs known in the art. For further discussion regarding ELISAs see, e.g., Ausubel et al, eds, (1994), Current Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York, section 11.2.1.

The binding affinity of an antibody to an antigen and the off-rate of an antibody-antigen interaction can be determined by competitive binding assays. One example of a competitive binding assay is a radioimmunoassay comprising the incubation of labeled antigen (e.g., 3H or 125I) with the antibody of interest in the presence of increasing amounts of unlabeled antigen, and the detection of the antibody bound to the labeled antigen. The affinity of the antibody of interest for a particular antigen and the binding off-rates can be determined from the data by scatchard plot analysis. Competition with a second antibody can also be determined using radioimmunoassays. In this case, the antigen is incubated with antibody of interest conjugated to a labeled compound (e.g., 3H or 125I) in the presence of increasing amounts of an unlabeled second antibody.

Antibodies of the invention may be characterized using immunocytochemisty methods on cells (e.g., mammalian cells, such as CHO cells) transfected with a vector enabling the expression of an antigen or with vector alone using techniques commonly known in the art. Antibodies that bind antigen transfected cells, but not vector-only transfected cells, are antigen specific.

Therapeutic Uses

Table 1D also provides information regarding biological activities and preferred therapeutic uses (i.e. see, "Preferred Indications" column) for polynucleotides and polypeptides of the invention (including antibodies, agonists, and/or antagonists thereof). Table 1D also provides information regarding assays which may be used to test polynucleotides and polypeptides of the invention (including antibodies, agonists, and/or antagonists thereof) for the corresponding biological activities. The first column ("Gene No.") provides the gene number in the application for each clone identifier. The second column ("cDNA ATCCATCC™ Deposit No:Z") provides the unique clone identifier for each clone as previously described and indicated in Table 1A, Table 1B, and Table 1C. The third column ("AA SEQ ID NO:Y") indicates the Sequence Listing SEQ ID Number for polypeptide sequences encoded by the corresponding cDNA clones (also as indicated in Table 1A, Table 1B, and Table 2). The fourth column ("Biological Activity") indicates a biological activity corresponding to the indicated polypeptides (or polynucleotides encoding said polypeptides). The fifth column ("Exemplary Activity Assay") further describes the corresponding biological activity and also provides information pertaining to the various types of assays which may be performed to test, demonstrate, or quantify the corresponding biological activity.

The present invention is further directed to antibody-based therapies which involve administering antibodies of the invention to an animal, preferably a mammal, and most preferably

a human, patient for treating one or more of the disclosed diseases, disorders, or conditions. Therapeutic compounds of the invention include, but are not limited to, antibodies of the invention (including fragments, analogs and derivatives thereof as described herein) and nucleic acids encoding antibodies of the invention (including fragments, analogs and derivatives thereof and anti-idiotypic antibodies as described herein). The antibodies of the invention can be used to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate diseases, disorders or conditions associated with aberrant expression and/or activity of a polypeptide of the invention, including, but not limited to, cancer and other hyperproliferative diseases and disorders. The treatment and/or prevention of cancer and other hyperproliferative diseases and disorders associated with aberrant expression and/or activity of a polypeptide of the invention includes, but is not limited to, alleviating symptoms associated with cancer and other hyperproliferative diseases and disorders. Antibodies of the invention may be provided in pharmaceutically acceptable compositions as known in the art or as described herein.

In a specific and preferred embodiment, the present invention is directed to antibody-based therapies which involve administering antibodies of the invention to an animal, preferably a mammal, and most preferably a human, patient for treating cancer and other hyperproliferative diseases and disorders. Therapeutic compounds of the invention include, but are not limited to, antibodies of the invention (e.g., antibodies directed to the full length protein expressed on the cell surface of a mammalian cell; antibodies directed to an epitope of a polypeptide of the invention (such as, for example, a predicted linear epitope shown in column 7 of Table 1B.1; or a conformational epitope, including fragments, analogs and derivatives thereof as described herein) and nucleic acids encoding antibodies of the invention (including fragments, analogs and derivatives thereof and anti-idiotypic antibodies as described herein). The antibodies of the invention can be used to detect, diagnose, prevent, treat, prognosticate, and/or ameliorate cancer and other hyperproliferative diseases, disorders or conditions associated with aberrant expression and/or activity of a polypeptide of the invention. The treatment and/or prevention of cancer and other hyperproliferative diseases, disorders, or conditions associated with aberrant expression and/or activity of a polypeptide of the invention includes, but is not limited to, alleviating symptoms associated with those diseases, disorders or conditions. Antibodies of the invention may be provided in pharmaceutically acceptable compositions as known in the art or as described herein.

A summary of the ways in which the antibodies of the present invention may be used therapeutically includes binding polynucleotides or polypeptides of the present invention locally or systemically in the body or by direct cytotoxicity of the antibody, e.g. as mediated by complement (CDC) or by effector cells (ADCC). Some of these approaches are described in more detail below. Armed with the teachings provided herein, one of ordinary skill in the art will

know how to use the antibodies of the present invention for diagnostic, monitoring or therapeutic purposes without undue experimentation.

The antibodies of this invention may be advantageously utilized in combination with other monoclonal or chimeric antibodies, or with lymphokines or hematopoietic growth factors (such as, e.g., IL-2, IL-3 and IL-7), for example, which serve to increase the number or activity of effector cells which interact with the antibodies.

The antibodies of the invention may be administered alone or in combination with other types of treatments (e.g., radiation therapy, chemotherapy, hormonal therapy, immunotherapy and anti-tumor agents). Generally, administration of products of a species origin or species reactivity (in the case of antibodies) that is the same species as that of the patient is preferred. Thus, in a preferred embodiment, human antibodies, fragments derivatives, analogs, or nucleic acids, are administered to a human patient for therapy or prophylaxis.

It is preferred to use high affinity and/or potent *in vivo* inhibiting and/or neutralizing antibodies against polypeptides or polynucleotides of the present invention, fragments or regions thereof, for both immunoassays directed to and therapy of cancer and other hyperproliferative diseases and disorders related to polynucleotides or polypeptides, including fragments thereof, of the present invention. Such antibodies, fragments, or regions, will preferably have an affinity for polynucleotides or polypeptides of the invention, including fragments thereof. Preferred binding affinities include those with a dissociation constant or Kd less than 5 X 10^{-2} M, 10^{-2} M, 5 X 10^{-3} M, 10^{-3} M, 5 X 10^{-4} M, 10^{-4} M, 5 X 10^{-5} M, 10^{-5} M, 5 X 10^{-6} M, 10^{-6} M, 5 X 10^{-7} M, 10^{-7} M, 5 X 10^{-8} M, 10^{-8} M, 5 X 10^{-9} M, 10^{-9} M, 5 X 10^{-10} M, 10^{-10} M, 5 X 10^{-11} M, 10^{-11} M, 5 X 10^{-12} M, 10^{-12} M, 5 X 10^{-13} M, 10^{-13} M, 5 X 10^{-14} M, 10^{-14} M, 5 X 10^{-15} M, and 10^{-15} M.

Gene Therapy

In a specific embodiment, nucleic acids comprising sequences encoding antibodies or functional derivatives thereof, are administered to treat, inhibit or prevent cancer and other hyperproliferative disease or disorder associated with aberrant expression and/or activity of a polypeptide of the invention, by way of gene therapy. Gene therapy refers to therapy performed by the administration to a subject of an expressed or expressible nucleic acid. In this embodiment of the invention, the nucleic acids produce their encoded protein that mediates a therapeutic effect.

Any of the methods for gene therapy available in the art can be used according to the present invention. Exemplary methods are described below.

For general reviews of the methods of gene therapy, see Goldspiel et al., Clinical Pharmacy 12:488-505 (1993); Wu and Wu, Biotherapy 3:87-95 (1991); Tolstoshev, Ann. Rev. Pharmacol. Toxicol. 32:573-596 (1993); Mulligan, Science 260:926-932 (1993); and Morgan and Anderson, Ann. Rev. Biochem. 62:191-217 (1993); May, TIBTECH 11(5):155-215 (1993).

Methods commonly known in the art of recombinant DNA technology which can be used are described in Ausubel et al. (eds.), Current Protocols in Molecular Biology, John Wiley & Sons, NY (1993); and Kriegler, Gene Transfer and Expression, A Laboratory Manual, Stockton Press, NY (1990).

In a preferred embodiment, the compound comprises nucleic acid sequences encoding an antibody, said nucleic acid sequences being part of expression vectors that express the antibody or fragments or chimeric proteins or heavy or light chains thereof in a suitable host. In particular, such nucleic acid sequences have promoters operably linked to the antibody coding region, said promoter being inducible or constitutive, and, optionally, tissue-specific. In another particular embodiment, nucleic acid molecules are used in which the antibody coding sequences and any other desired sequences are flanked by regions that promote homologous recombination at a desired site in the genome, thus providing for intrachromosomal expression of the antibody encoding nucleic acids (Koller and Smithies, Proc. Natl. Acad. Sci. USA 86:8932-8935 (1989); Zijlstra et al., Nature 342:435-438 (1989). In specific embodiments, the expressed antibody molecule is a single chain antibody; alternatively, the nucleic acid sequences include sequences encoding both the heavy and light chains, or fragments thereof, of the antibody.

Delivery of the nucleic acids into a patient may be either direct, in which case the patient is directly exposed to the nucleic acid or nucleic acid- carrying vectors, or indirect, in which case, cells are first transformed with the nucleic acids in vitro, then transplanted into the patient. These two approaches are known, respectively, as *in vivo* or ex vivo gene therapy.

In a specific embodiment, the nucleic acid sequences are directly administered *in vivo*, where it is expressed to produce the encoded product. This can be accomplished by any of numerous methods known in the art, e.g., by constructing them as part of an appropriate nucleic acid expression vector and administering it so that they become intracellular, e.g., by infection using defective or attenuated retrovirals or other viral vectors (see U.S. Patent No. 4,980,286), or by direct injection of naked DNA, or by use of microparticle bombardment (e.g., a gene gun; Biolistic, ~~Dupont~~DUPONT™), or coating with lipids or cell-surface receptors or transfecting agents, encapsulation in liposomes, microparticles, or microcapsules, or by administering them in linkage to a peptide which is known to enter the nucleus, by administering it in linkage to a ligand subject to receptor-mediated endocytosis (see, e.g., Wu and Wu, J. Biol. Chem. 262:4429-4432 (1987)) (which can be used to target cell types specifically expressing the receptors), etc. In another embodiment, nucleic acid-ligand complexes can be formed in which the ligand comprises a fusogenic viral peptide to disrupt endosomes, allowing the nucleic acid to avoid lysosomal degradation. In yet another embodiment, the nucleic acid can be targeted *in vivo* for cell specific uptake and expression, by targeting a specific receptor (see, e.g., PCT Publications WO 92/06180; WO 92/22635; WO92/20316; WO93/14188, WO 93/20221). Alternatively, the nucleic acid can be introduced intracellularly and incorporated within host cell DNA for expression, by

homologous recombination (Koller and Smithies, Proc. Natl. Acad. Sci. USA 86:8932-8935 (1989); Zijlstra et al., Nature 342:435-438 (1989)).

In a specific embodiment, viral vectors that contains nucleic acid sequences encoding an antibody of the invention are used. For example, a retroviral vector can be used (see Miller et al., Meth. Enzymol. 217:581-599 (1993)). These retroviral vectors contain the components necessary for the correct packaging of the viral genome and integration into the host cell DNA. The nucleic acid sequences encoding the antibody to be used in gene therapy are cloned into one or more vectors, which facilitates delivery of the gene into a patient. More detail about retroviral vectors can be found in Boesen et al., Biotherapy 6:291-302 (1994), which describes the use of a retroviral vector to deliver the mdr1 gene to hematopoietic stem cells in order to make the stem cells more resistant to chemotherapy. Other references illustrating the use of retroviral vectors in gene therapy are: Clowes et al., J. Clin. Invest. 93:644-651 (1994); Kiem et al., Blood 83:1467-1473 (1994); Salmons and Gunzberg, Human Gene Therapy 4:129-141 (1993); and Grossman and Wilson, Curr. Opin. in Genetics and Devel. 3:110-114 (1993).

Adenoviruses are other viral vectors that can be used in gene therapy. Adenoviruses are especially attractive vehicles for delivering genes to respiratory epithelia. Adenoviruses naturally infect respiratory epithelia where they cause a mild disease. Other targets for adenovirus-based delivery systems are liver, the central nervous system, endothelial cells, and muscle. Adenoviruses have the advantage of being capable of infecting non-dividing cells. Kozarsky and Wilson, Current Opinion in Genetics and Development 3:499-503 (1993) present a review of adenovirus-based gene therapy. Bout et al., Human Gene Therapy 5:3-10 (1994) demonstrated the use of adenovirus vectors to transfer genes to the respiratory epithelia of rhesus monkeys. Other instances of the use of adenoviruses in gene therapy can be found in Rosenfeld et al., Science 252:431-434 (1991); Rosenfeld et al., Cell 68:143- 155 (1992); Mastrangeli et al., J. Clin. Invest. 91:225-234 (1993); PCT Publication WO94/12649; and Wang, et al., Gene Therapy 2:775-783 (1995). In a preferred embodiment, adenovirus vectors are used.

Adeno-associated virus (AAV) has also been proposed for use in gene therapy (Walsh et al., Proc. Soc. Exp. Biol. Med. 204:289-300 (1993); U.S. Patent No. 5,436,146).

Another approach to gene therapy involves transferring a gene to cells in tissue culture by such methods as electroporation, lipofection, calcium phosphate mediated transfection, or viral infection. Usually, the method of transfer includes the transfer of a selectable marker to the cells. The cells are then placed under selection to isolate those cells that have taken up and are expressing the transferred gene. Those cells are then delivered to a patient.

In this embodiment, the nucleic acid is introduced into a cell prior to administration *in vivo* of the resulting recombinant cell. Such introduction can be carried out by any method known in the art, including but not limited to transfection, electroporation, microinjection, infection with a viral or bacteriophage vector containing the nucleic acid sequences, cell fusion, chromosome-

mediated gene transfer, microcell-mediated gene transfer, spheroplast fusion, etc. Numerous techniques are known in the art for the introduction of foreign genes into cells (see, e.g., Loeffler and Behr, Meth. Enzymol. 217:599-618 (1993); Cohen et al., Meth. Enzymol. 217:618-644 (1993); Cline, Pharmac. Ther. 29:69-92m (1985) and may be used in accordance with the present invention, provided that the necessary developmental and physiological functions of the recipient cells are not disrupted. The technique should provide for the stable transfer of the nucleic acid to the cell, so that the nucleic acid is expressible by the cell and preferably heritable and expressible by its cell progeny.

The resulting recombinant cells can be delivered to a patient by various methods known in the art. Recombinant blood cells (e.g., hematopoietic stem or progenitor cells) are preferably administered intravenously. The amount of cells envisioned for use depends on the desired effect, patient state, etc., and can be determined by one skilled in the art.

Cells into which a nucleic acid can be introduced for purposes of gene therapy encompass any desired, available cell type, and include but are not limited to epithelial cells, endothelial cells, keratinocytes, fibroblasts, muscle cells, hepatocytes; blood cells such as T lymphocytes, B lymphocytes, monocytes, macrophages, neutrophils, eosinophils, megakaryocytes, granulocytes; various stem or progenitor cells, in particular hematopoietic stem or progenitor cells, e.g., as obtained from bone marrow, umbilical cord blood, peripheral blood, fetal liver, etc.

In a preferred embodiment, the cell used for gene therapy is autologous to the patient.

In an embodiment in which recombinant cells are used in gene therapy, nucleic acid sequences encoding an antibody are introduced into the cells such that they are expressible by the cells or their progeny, and the recombinant cells are then administered *in vivo* for therapeutic effect. In a specific embodiment, stem or progenitor cells are used. Any stem and/or progenitor cells which can be isolated and maintained in vitro can potentially be used in accordance with this embodiment of the present invention (see e.g. PCT Publication WO 94/08598; Stemple and Anderson, Cell 71:973-985 (1992); Rheinwald, Meth. Cell Bio. 21A:229 (1980); and Pittelkow and Scott, Mayo Clinic Proc. 61:771 (1986)).

In a specific embodiment, the nucleic acid to be introduced for purposes of gene therapy comprises an inducible promoter operably linked to the coding region, such that expression of the nucleic acid is controllable by the presence or absence of an appropriate inducer of transcription.

Demonstration of Therapeutic or Prophylactic Activity

The compounds or pharmaceutical compositions of the invention are preferably tested in vitro, and then *in vivo* for the desired therapeutic or prophylactic activity, prior to use in humans. For example, in vitro assays to demonstrate the therapeutic or prophylactic utility of a compound or pharmaceutical composition include, the effect of a compound on a cell line or a patient tissue sample. The effect of the compound or composition on the cell line and/or tissue sample can be

determined utilizing techniques known to those of skill in the art including, but not limited to, rosette formation assays and cell lysis assays. In accordance with the invention, in vitro assays which can be used to determine whether administration of a specific compound is indicated, include in vitro cell culture assays in which a patient tissue sample is grown in culture, and exposed to or otherwise administered a compound, and the effect of such compound upon the tissue sample is observed.

Therapeutic/Prophylactic Administration and Composition

The invention provides methods of treatment, inhibition and prophylaxis by administration to a subject of an effective amount of a compound or pharmaceutical composition of the invention, preferably a polypeptide or antibody of the invention. In a preferred embodiment, the compound is substantially purified (e.g., substantially free from substances that limit its effect or produce undesired side-effects). The subject is preferably an animal, including but not limited to animals such as cows, pigs, horses, chickens, cats, dogs, etc., and is preferably a mammal, and most preferably human.

Formulations and methods of administration that can be employed when the compound comprises a nucleic acid or an immunoglobulin are described above; additional appropriate formulations and routes of administration can be selected from among those described herein below.

Various delivery systems are known and can be used to administer a compound of the invention, e.g., encapsulation in liposomes, microparticles, microcapsules, recombinant cells capable of expressing the compound, receptor-mediated endocytosis (see, e.g., Wu and Wu, J. Biol. Chem. 262:4429-4432 (1987)), construction of a nucleic acid as part of a retroviral or other vector, etc. Methods of introduction include but are not limited to intradermal, intramuscular, intraperitoneal, intravenous, subcutaneous, intranasal, epidural, and oral routes. The compounds or compositions may be administered by any convenient route, for example by infusion or bolus injection, by absorption through epithelial or mucocutaneous linings (e.g., oral mucosa, rectal and intestinal mucosa, etc.) and may be administered together with other biologically active agents. Administration can be systemic or local. In addition, it may be desirable to introduce the pharmaceutical compounds or compositions of the invention into the central nervous system by any suitable route, including intraventricular and intrathecal injection; intraventricular injection may be facilitated by an intraventricular catheter, for example, attached to a reservoir, such as an Ommaya reservoir. Pulmonary administration can also be employed, e.g., by use of an inhaler or nebulizer, and formulation with an aerosolizing agent.

In a specific embodiment, it may be desirable to administer the pharmaceutical compounds or compositions of the invention locally to the area in need of treatment; this may be achieved by, for example, and not by way of limitation, local infusion during surgery, topical

application, e.g., in conjunction with a wound dressing after surgery, by injection, by means of a catheter, by means of a suppository, or by means of an implant, said implant being of a porous, non-porous, or gelatinous material, including membranes, such as sialastic membranes, or fibers. Preferably, when administering a protein, including an antibody, of the invention, care must be taken to use materials to which the protein does not absorb.

In another embodiment, the compound or composition can be delivered in a vesicle, in particular a liposome (see Langer, Science 249:1527-1533 (1990); Treat et al., in Liposomes in the Therapy of Infectious Disease and Cancer, Lopez-Berestein and Fidler (eds.), Liss, New York, pp. 353- 365 (1989); Lopez-Berestein, ibid., pp. 317-327; see generally ibid.)

In yet another embodiment, the compound or composition can be delivered in a controlled release system. In one embodiment, a pump may be used (see Langer, *supra*; Sefton, CRC Crit. Ref. Biomed. Eng. 14:201 (1987); Buchwald et al., Surgery 88:507 (1980); Saudek et al., N. Engl. J. Med. 321:574 (1989)). In another embodiment, polymeric materials can be used (see Medical Applications of Controlled Release, Langer and Wise (eds.), CRC Pres., Boca Raton, Florida (1974); Controlled Drug Bioavailability, Drug Product Design and Performance, Smolen and Ball (eds.), Wiley, New York (1984); Ranger and Peppas, J., Macromol. Sci. Rev. Macromol. Chem. 23:61 (1983); see also Levy et al., Science 228:190 (1985); During et al., Ann. Neurol. 25:351 (1989); Howard et al., J.Neurosurg. 71:105 (1989)). In yet another embodiment, a controlled release system can be placed in proximity of the therapeutic target, e.g., the brain, thus requiring only a fraction of the systemic dose (see, e.g., Goodson, in Medical Applications of Controlled Release, *supra*, vol. 2, pp. 115-138 (1984)).

Other controlled release systems are discussed in the review by Langer (Science 249:1527-1533 (1990)).

In a specific embodiment where the compound of the invention is a nucleic acid encoding a protein, the nucleic acid can be administered *in vivo* to promote expression of its encoded protein, by constructing it as part of an appropriate nucleic acid expression vector and administering it so that it becomes intracellular, e.g., by use of a retroviral vector (see U.S. Patent No. 4,980,286), or by direct injection, or by use of microparticle bombardment (e.g., a gene gun; Biolistic, ~~Dupont~~DUPONT™), or coating with lipids or cell-surface receptors or transfecting agents, or by administering it in linkage to a homeobox- like peptide which is known to enter the nucleus (see e.g., Joliot et al., Proc. Natl. Acad. Sci. USA 88:1864-1868 (1991)), etc. Alternatively, a nucleic acid can be introduced intracellularly and incorporated within host cell DNA for expression, by homologous recombination.

The present invention also provides pharmaceutical compositions. Such compositions comprise a therapeutically effective amount of a compound, and a pharmaceutically acceptable carrier. In a specific embodiment, the term "pharmaceutically acceptable" means approved by a regulatory agency of the Federal or a state government or listed in the U.S. Pharmacopeia or other

generally recognized pharmacopeia for use in animals, and more particularly in humans. The term "carrier" refers to a diluent, adjuvant, excipient, or vehicle with which the therapeutic is administered. Such pharmaceutical carriers can be sterile liquids, such as water and oils, including those of petroleum, animal, vegetable or synthetic origin, such as peanut oil, soybean oil, mineral oil, sesame oil and the like. Water is a preferred carrier when the pharmaceutical composition is administered intravenously. Saline solutions and aqueous dextrose and glycerol solutions can also be employed as liquid carriers, particularly for injectable solutions. Suitable pharmaceutical excipients include starch, glucose, lactose, sucrose, gelatin, malt, rice, flour, chalk, silica gel, sodium stearate, glycerol monostearate, talc, sodium chloride, dried skim milk, glycerol, propylene, glycol, water, ethanol and the like. The composition, if desired, can also contain minor amounts of wetting or emulsifying agents, or pH buffering agents. These compositions can take the form of solutions, suspensions, emulsion, tablets, pills, capsules, powders, sustained-release formulations and the like. The composition can be formulated as a suppository, with traditional binders and carriers such as triglycerides. Oral formulation can include standard carriers such as pharmaceutical grades of mannitol, lactose, starch, magnesium stearate, sodium saccharine, cellulose, magnesium carbonate, etc. Examples of suitable pharmaceutical carriers are described in "Remington's Pharmaceutical Sciences" by E.W. Martin. Such compositions will contain a therapeutically effective amount of the compound, preferably in purified form, together with a suitable amount of carrier so as to provide the form for proper administration to the patient. The formulation should suit the mode of administration.

In a preferred embodiment, the composition is formulated in accordance with routine procedures as a pharmaceutical composition adapted for intravenous administration to human beings. Typically, compositions for intravenous administration are solutions in sterile isotonic aqueous buffer. Where necessary, the composition may also include a solubilizing agent and a local anesthetic such as lignocaine to ease pain at the site of the injection. Generally, the ingredients are supplied either separately or mixed together in unit dosage form, for example, as a dry lyophilized powder or water free concentrate in a hermetically sealed container such as an ampoule or sachette indicating the quantity of active agent. Where the composition is to be administered by infusion, it can be dispensed with an infusion bottle containing sterile pharmaceutical grade water or saline. Where the composition is administered by injection, an ampoule of sterile water for injection or saline can be provided so that the ingredients may be mixed prior to administration.

The compounds of the invention can be formulated as neutral or salt forms. Pharmaceutically acceptable salts include those formed with anions such as those derived from hydrochloric, phosphoric, acetic, oxalic, tartaric acids, etc., and those formed with cations such as those derived from sodium, potassium, ammonium, calcium, ferric hydroxides, isopropylamine, triethylamine, 2-ethylamino ethanol, histidine, procaine, etc.

The amount of the compound of the invention which will be effective in the treatment, inhibition and prevention of a disease or disorder associated with aberrant expression and/or activity of a polypeptide of the invention can be determined by standard clinical techniques. In addition, *in vitro* assays may optionally be employed to help identify optimal dosage ranges. The precise dose to be employed in the formulation will also depend on the route of administration, and the seriousness of the disease or disorder, and should be decided according to the judgment of the practitioner and each patient's circumstances. Effective doses may be extrapolated from dose-response curves derived from in vitro or animal model test systems.

For antibodies, the dosage administered to a patient is typically 0.1 mg/kg to 100 mg/kg of the patient's body weight. Preferably, the dosage administered to a patient is between 0.1 mg/kg and 20 mg/kg of the patient's body weight, more preferably 1 mg/kg to 10 mg/kg of the patient's body weight. Generally, human antibodies have a longer half-life within the human body than antibodies from other species due to the immune response to the foreign polypeptides. Thus, lower dosages of human antibodies and less frequent administration is often possible. Further, the dosage and frequency of administration of antibodies of the invention may be reduced by enhancing uptake and tissue penetration (e.g., into the brain) of the antibodies by modifications such as, for example, lipidation.

The invention also provides a pharmaceutical pack or kit comprising one or more containers filled with one or more of the ingredients of the pharmaceutical compositions of the invention. Optionally associated with such container(s) can be a notice in the form prescribed by a governmental agency regulating the manufacture, use or sale of pharmaceuticals or biological products, which notice reflects approval by the agency of manufacture, use or sale for human administration.

Diagnosis and Imaging

Labeled antibodies, and derivatives and analogs thereof, which specifically bind to a polypeptide of interest can be used for diagnostic purposes to detect, diagnose, prognosticate, or monitor cancer and other hyperproliferative diseases, disorders, and/or conditions associated with the aberrant expression and/or activity of a polypeptide of the invention. The invention provides for the detection of aberrant expression of a polypeptide of interest, comprising (a) assaying the expression of the polypeptide of interest in cells or body fluid of an individual using one or more antibodies specific to the polypeptide interest and (b) comparing the level of gene expression with a standard gene expression level, whereby an increase or decrease in the assayed polypeptide gene expression level compared to the standard expression level is indicative of aberrant expression.

The invention provides a diagnostic assay for diagnosing cancer and other hyperproliferative disease or disorder, comprising (a) assaying the expression of the polypeptide of interest in cells or body fluid of an individual using one or more antibodies specific to the

polypeptide interest and (b) comparing the level of gene expression with a standard gene expression level, whereby an increase or decrease in the assayed polypeptide gene expression level compared to the standard expression level is indicative of a particular cancer or other hyperproliferative disease or disorder. With respect to cancer and other hyperproliferative diseases and disorders, the presence of a relatively high amount of transcript in biopsied tissue from an individual may indicate a predisposition for the development of the disease, or may provide a means for detecting the disease prior to the appearance of actual clinical symptoms. A more definitive diagnosis of this type may allow health professionals to employ preventative measures or aggressive treatment earlier thereby preventing the development or further progression of the cancer or other hyperproliferative disease.

Antibodies of the invention can be used to assay protein levels in a biological sample using classical immunohistological methods known to those of skill in the art (e.g., see Jalkanen et al., J. Cell. Biol. 101:976-985 (1985); Jalkanen et al., J. Cell . Biol. 105:3087-3096 (1987)). Other antibody-based methods useful for detecting protein gene expression include immunoassays, such as the enzyme linked immunosorbent assay (ELISA) and the radioimmunoassay (RIA). Suitable antibody assay labels are known in the art and include enzyme labels, such as, glucose oxidase; radioisotopes, such as iodine (125I, 121I), carbon (14C), sulfur (35S), tritium (3H), indium (112In), and technetium (99Tc); luminescent labels, such as luminol; and fluorescent labels, such as fluorescein and rhodamine, and biotin.

One facet of the invention is the detection and diagnosis of a disease or disorder associated with aberrant expression of a polypeptide of interest in an animal, preferably a mammal and most preferably a human. In one embodiment, diagnosis comprises: a) administering (for example, parenterally, subcutaneously, or intraperitoneally) to a subject an effective amount of a labeled molecule which specifically binds to the polypeptide of interest; b) waiting for a time interval following the administering for permitting the labeled molecule to preferentially concentrate at sites in the subject where the polypeptide is expressed (and for unbound labeled molecule to be cleared to background level); c) determining background level; and d) detecting the labeled molecule in the subject, such that detection of labeled molecule above the background level indicates that the subject has a particular disease or disorder associated with aberrant expression of the polypeptide of interest. Background level can be determined by various methods including, comparing the amount of labeled molecule detected to a standard value previously determined for a particular system.

It will be understood in the art that the size of the subject and the imaging system used will determine the quantity of imaging moiety needed to produce diagnostic images. In the case of a radioisotope moiety, for a human subject, the quantity of radioactivity injected will normally range from about 5 to 20 millicuries of 99mTc. The labeled antibody or antibody fragment will then preferentially accumulate at the location of cells which contain the specific protein. *In vivo* tumor

imaging is described in S.W. Burchiel et al., "Immunopharmacokinetics of Radiolabeled Antibodies and Their Fragments." (Chapter 13 in Tumor Imaging: The Radiochemical Detection of Cancer, S.W. Burchiel and B. A. Rhodes, eds., Masson Publishing Inc. (1982)).

Depending on several variables, including the type of label used and the mode of administration, the time interval following the administration for permitting the labeled molecule to preferentially concentrate at sites in the subject and for unbound labeled molecule to be cleared to background level is 6 to 48 hours or 6 to 24 hours or 6 to 12 hours. In another embodiment the time interval following administration is 5 to 20 days or 5 to 10 days.

In an embodiment, monitoring of the disease or disorder is carried out by repeating the method for diagnosing the disease or disease, for example, one month after initial diagnosis, six months after initial diagnosis, one year after initial diagnosis, etc.

Presence of the labeled molecule can be detected in the patient using methods known in the art for *in vivo* scanning. These methods depend upon the type of label used. Skilled artisans will be able to determine the appropriate method for detecting a particular label. Methods and devices that may be used in the diagnostic methods of the invention include, but are not limited to, computed tomography (CT), whole body scan such as position emission tomography (PET), magnetic resonance imaging (MRI), and sonography.

In a specific embodiment, the molecule is labeled with a radioisotope and is detected in the patient using a radiation responsive surgical instrument (Thurston et al., U.S. Patent No. 5,441,050). In another embodiment, the molecule is labeled with a fluorescent compound and is detected in the patient using a fluorescence responsive scanning instrument. In another embodiment, the molecule is labeled with a positron emitting metal and is detected in the patent using positron emission-tomography. In yet another embodiment, the molecule is labeled with a paramagnetic label and is detected in a patient using magnetic resonance imaging (MRI).

Kits

The present invention provides kits that can be used in the above methods. In one embodiment, a kit comprises an antibody of the invention, preferably a purified antibody, in one or more containers. In a specific embodiment, the kits of the present invention contain a substantially isolated polypeptide comprising an epitope which is specifically immunoreactive with an antibody included in the kit. Preferably, the kits of the present invention further comprise a control antibody which does not react with the polypeptide of interest. In another specific embodiment, the kits of the present invention contain a means for detecting the binding of an antibody to a polypeptide of interest (e.g., the antibody may be conjugated to a detectable substrate such as a fluorescent compound, an enzymatic substrate, a radioactive compound or a luminescent compound, or a second antibody which recognizes the first antibody may be conjugated to a detectable substrate).

In another specific embodiment of the present invention, the kit is a diagnostic kit for use in screening serum containing antibodies specific against proliferative and/or cancerous polynucleotides and polypeptides. Such a kit may include a control antibody that does not react with the polypeptide of interest. Such a kit may include a substantially isolated polypeptide antigen comprising an epitope which is specifically immunoreactive with at least one anti-polypeptide antigen antibody. Further, such a kit includes means for detecting the binding of said antibody to the antigen (e.g., the antibody may be conjugated to a fluorescent compound such as fluorescein or rhodamine which can be detected by flow cytometry). In specific embodiments, the kit may include a recombinantly produced or chemically synthesized polypeptide antigen. The polypeptide antigen of the kit may also be attached to a solid support.

In a more specific embodiment the detecting means of the above-described kit includes a solid support to which said polypeptide antigen is attached. Such a kit may also include a non-attached reporter-labeled anti-human antibody. In this embodiment, binding of the antibody to the polypeptide antigen can be detected by binding of the said reporter-labeled antibody.

In an additional embodiment, the invention includes a diagnostic kit for use in screening serum containing antigens of the polypeptide of the invention. The diagnostic kit includes a substantially isolated antibody specifically immunoreactive with polypeptide or polynucleotide antigens, and means for detecting the binding of the polynucleotide or polypeptide antigen to the antibody. In one embodiment, the antibody is attached to a solid support. In a specific embodiment, the antibody may be a monoclonal antibody. The detecting means of the kit may include a second, labeled monoclonal antibody. Alternatively, or in addition, the detecting means may include a labeled, competing antigen.

In one diagnostic configuration, test serum is reacted with a solid phase reagent having a surface-bound antigen obtained by the methods of the present invention. After binding with specific antigen antibody to the reagent and removing unbound serum components by washing, the reagent is reacted with reporter-labeled anti-human antibody to bind reporter to the reagent in proportion to the amount of bound anti-antigen antibody on the solid support. The reagent is again washed to remove unbound labeled antibody, and the amount of reporter associated with the reagent is determined. Typically, the reporter is an enzyme which is detected by incubating the solid phase in the presence of a suitable fluorometric, luminescent or colorimetric substrate (~~Sigma~~SIGMA™, St. Louis, MO).

The solid surface reagent in the above assay is prepared by known techniques for attaching protein material to solid support material, such as polymeric beads, dip sticks, 96-well plate or filter material. These attachment methods generally include non-specific adsorption of the protein to the support or covalent attachment of the protein, typically through a free amine group, to a chemically reactive group on the solid support, such as an activated carboxyl, hydroxyl, or

aldehyde group. Alternatively, streptavidin coated plates can be used in conjunction with biotinylated antigen(s).

Thus, the invention provides an assay system or kit for carrying out this diagnostic method. The kit generally includes a support with surface- bound recombinant antigens, and a reporter-labeled anti-human antibody for detecting surface-bound anti-antigen antibody.

Uses of the Polynucleotides

Each of the polynucleotides identified herein can be used in numerous ways as reagents. The following description should be considered exemplary and utilizes known techniques.

The polynucleotides of the present invention are useful for chromosome identification. There exists an ongoing need to identify new chromosome markers, since few chromosome marking reagents, based on actual sequence data (repeat polymorphisms), are presently available. Each sequence is specifically targeted to and can hybridize with a particular location on an individual human chromosome, thus each polynucleotide of the present invention can routinely be used as a chromosome marker using techniques known in the art. Table 1B.1, column 8 provides the chromosome location of some of the polynucleotides of the invention.

Briefly, sequences can be mapped to chromosomes by preparing PCR primers (preferably at least 15 bp (e.g., 15-25 bp) from the sequences shown in SEQ ID NO:X. Primers can optionally be selected using computer analysis so that primers do not span more than one predicted exon in the genomic DNA. These primers are then used for PCR screening of somatic cell hybrids containing individual human chromosomes. Only those hybrids containing the human gene corresponding to SEQ ID NO:X will yield an amplified fragment.

Similarly, somatic hybrids provide a rapid method of PCR mapping the polynucleotides to particular chromosomes. Three or more clones can be assigned per day using a single thermal cycler. Moreover, sublocalization of the polynucleotides can be achieved with panels of specific chromosome fragments. Other gene mapping strategies that can be used include in situ hybridization, prescreening with labeled flow-sorted chromosomes, preselection by hybridization to construct chromosome specific-cDNA libraries, and computer mapping techniques (See, e.g., Shuler, Trends Biotechnol 16:456-459 (1998) which is hereby incorporated by reference in its entirety).

Precise chromosomal location of the polynucleotides can also be achieved using fluorescence in situ hybridization (FISH) of a metaphase chromosomal spread. This technique uses polynucleotides as short as 500 or 600 bases; however, polynucleotides 2,000-4,000 bp are preferred. For a review of this technique, see Verma et al., "Human Chromosomes: a Manual of Basic Techniques," Pergamon Press, New York (1988).

For chromosome mapping, the polynucleotides can be used individually (to mark a single chromosome or a single site on that chromosome) or in panels (for marking multiple sites and/or multiple chromosomes).

Thus, the present invention also provides a method for chromosomal localization which involves (a) preparing PCR primers from the polynucleotide sequences in Table 1B and/or Table 2 and SEQ ID NO:X and (b) screening somatic cell hybrids containing individual chromosomes.

The polynucleotides of the present invention would likewise be useful for radiation hybrid mapping, HAPPY mapping, and long range restriction mapping. For a review of these techniques and others known in the art, see, e.g. Dear, "Genome Mapping: A Practical Approach," IRL Press at Oxford University Press, London (1997); Aydin, J. Mol. Med. 77:691-694 (1999); Hacia et al., Mol. Psychiatry 3:483-492 (1998); Herrick et al., Chromosome Res. 7:409-423 (1999); Hamilton et al., Methods Cell Biol. 62:265-280 (2000); and/or Ott, J. Hered. 90:68-70 (1999) each of which is hereby incorporated by reference in its entirety.

Once a polynucleotide has been mapped to a precise chromosomal location, the physical position of the polynucleotide can be used in linkage analysis. Linkage analysis establishes coinheritance between a chromosomal location and presentation of a particular disease. (Disease mapping data are found, for example, in V. McKusick, Mendelian Inheritance in Man (available on line through Johns Hopkins University Welch Medical Library)). Column 9 of Table 1B.1 provides an OMIM reference identification number of diseases associated with the cytologic band disclosed in column 8 of Table 1B.1, as determined using techniques described herein and by reference to Table 5. Assuming 1 megabase mapping resolution and one gene per 20 kb, a cDNA precisely localized to a chromosomal region associated with the disease could be one of 50-500 potential causative genes.

Thus, once coinheritance is established, differences in a polynucleotide of the invention and the corresponding gene between affected and unaffected individuals can be examined. First, visible structural alterations in the chromosomes, such as deletions or translocations, are examined in chromosome spreads or by PCR. If no structural alterations exist, the presence of point mutations are ascertained. Mutations observed in some or all affected individuals, but not in normal individuals, indicates that the mutation may cause the disease. However, complete sequencing of the polypeptide and the corresponding gene from several normal individuals is required to distinguish the mutation from a polymorphism. If a new polymorphism is identified, this polymorphic polypeptide can be used for further linkage analysis.

Furthermore, increased or decreased expression of the gene in affected individuals as compared to unaffected individuals can be assessed using the polynucleotides of the invention. Any of these alterations (altered expression, chromosomal rearrangement, or mutation) can be used as a diagnostic or prognostic marker. Diagnostic and prognostic methods, kits and reagents encompassed by the present invention are briefly described below and more thoroughly elsewhere

herein (see e.g., the sections labeled “Antibodies”, “Diagnostic Assays”, and “Methods for Detecting Diseases”).

Thus, the invention also provides a diagnostic method useful during diagnosis of a disorder, involving measuring the expression level of polynucleotides of the present invention in cells or body fluid from an individual and comparing the measured gene expression level with a standard level of polynucleotide expression level, whereby an increase or decrease in the gene expression level compared to the standard is indicative of a disorder. Additional non-limiting examples of diagnostic methods encompassed by the present invention are more thoroughly described elsewhere herein (see, e.g., Example 12).

In still another embodiment, the invention includes a kit for analyzing samples for the presence of proliferative and/or cancerous polynucleotides derived from a test subject. In a general embodiment, the kit includes at least one polynucleotide probe containing a nucleotide sequence that will specifically hybridize with a polynucleotide of the invention and a suitable container. In a specific embodiment, the kit includes two polynucleotide probes defining an internal region of the polynucleotide of the invention, where each probe has one strand containing a 31’mer-end internal to the region. In a further embodiment, the probes may be useful as primers for polymerase chain reaction amplification.

Where a diagnosis of a related disorder, including, for example, diagnosis of a tumor, has already been made according to conventional methods, the present invention is useful as a prognostic indicator, whereby patients exhibiting enhanced or depressed polynucleotide of the invention expression will experience a worse clinical outcome relative to patients expressing the gene at a level nearer the standard level.

By "measuring the expression level of polynucleotides of the invention" is intended qualitatively or quantitatively measuring or estimating the level of the polypeptide of the invention or the level of the mRNA encoding the polypeptide of the invention in a first biological sample either directly (e.g., by determining or estimating absolute protein level or mRNA level) or relatively (e.g., by comparing to the polypeptide level or mRNA level in a second biological sample). Preferably, the polypeptide level or mRNA level in the first biological sample is measured or estimated and compared to a standard polypeptide level or mRNA level, the standard being taken from a second biological sample obtained from an individual not having the related disorder or being determined by averaging levels from a population of individuals not having a related disorder. As will be appreciated in the art, once a standard polypeptide level or mRNA level is known, it can be used repeatedly as a standard for comparison.

By "biological sample" is intended any biological sample obtained from an individual, body fluid, cell line, tissue culture, or other source which contains polypeptide of the present invention or the corresponding mRNA. As indicated, biological samples include body fluids (such as semen, lymph, vaginal pool, sera, plasma, urine, synovial fluid and spinal fluid) which contain

the polypeptide of the present invention, and tissue sources found to express the polypeptide of the present invention. Methods for obtaining tissue biopsies and body fluids from mammals are well known in the art. Where the biological sample is to include mRNA, a tissue biopsy is the preferred source.

The method(s) provided above may preferably be applied in a diagnostic method and/or kits in which polynucleotides and/or polypeptides of the invention are attached to a solid support. In one exemplary method, the support may be a "gene chip" or a "biological chip" as described in US Patents 5,837,832, 5,874,219, and 5,856,174. Further, such a gene chip with polynucleotides of the invention attached may be used to identify polymorphisms between the isolated polynucleotide sequences of the invention, with polynucleotides isolated from a test subject. The knowledge of such polymorphisms (i.e. their location, as well as, their existence) would be beneficial in identifying disease loci for many disorders, such as for example, in neural disorders, immune system disorders, muscular disorders, reproductive disorders, gastrointestinal disorders, pulmonary disorders, digestive disorders, metabolic disorders, cardiovascular disorders, renal disorders, proliferative disorders, and/or cancerous diseases and conditions. Such a method is described in US Patents 5,858,659 and 5,856,104. The US Patents referenced *supra* are hereby incorporated by reference in their entirety herein.

The present invention encompasses polynucleotides of the present invention that are chemically synthesized, or reproduced as peptide nucleic acids (PNA), or according to other methods known in the art. The use of PNAs would serve as the preferred form if the polynucleotides of the invention are incorporated onto a solid support, or gene chip. For the purposes of the present invention, a peptide nucleic acid (PNA) is a polyamide type of DNA analog and the monomeric units for adenine, guanine, thymine and cytosine are available commercially (Perceptive Biosystems). Certain components of DNA, such as phosphorus, phosphorus oxides, or deoxyribose derivatives, are not present in PNAs. As disclosed by Nielsen et al., Science 254, 1497 (1991); and Egholm et al., Nature 365, 666 (1993), PNAs bind specifically and tightly to complementary DNA strands and are not degraded by nucleases. In fact, PNA binds more strongly to DNA than DNA itself does. This is probably because there is no electrostatic repulsion between the two strands, and also the polyamide backbone is more flexible. Because of this, PNA/DNA duplexes bind under a wider range of stringency conditions than DNA/DNA duplexes, making it easier to perform multiplex hybridization. Smaller probes can be used than with DNA due to the strong binding. In addition, it is more likely that single base mismatches can be determined with PNA/DNA hybridization because a single mismatch in a PNA/DNA 15-mer lowers the melting point (T.sub.m) by 8°-20° C, vs. 4°-16° C for the DNA/DNA 15-mer duplex. Also, the absence of charge groups in PNA means that hybridization can be done at low ionic strengths and reduce possible interference by salt during the analysis.

The compounds of the present invention have uses which include, but are not limited to, detecting cancer in mammals. In particular the invention is useful during diagnosis of pathological cell proliferative neoplasias which include, but are not limited to: acute myelogenous leukemias including acute monocytic leukemia, acute myeloblastic leukemia, acute promyelocytic leukemia, acute myelomonocytic leukemia, acute erythroleukemia, acute megakaryocytic leukemia, and acute undifferentiated leukemia, etc.; and chronic myelogenous leukemias including chronic myelomonocytic leukemia, chronic granulocytic leukemia, etc. Preferred mammals include monkeys, apes, cats, dogs, cows, pigs, horses, rabbits and humans. Particularly preferred are humans.

Pathological cell proliferative disorders are often associated with inappropriate activation of proto-oncogenes. (Gelmann, E. P. et al., "The Etiology of Acute Leukemia: Molecular Genetics and Viral Oncology," in Neoplastic Diseases of the Blood, Vol 1., Wiernik, P. H. et al. eds., 161-182 (1985)). Neoplasias are now believed to result from the qualitative alteration of a normal cellular gene product, or from the quantitative modification of gene expression by insertion into the chromosome of a viral sequence, by chromosomal translocation of a gene to a more actively transcribed region, or by some other mechanism. (Gelmann et al., *supra*) It is likely that mutated or altered expression of specific genes is involved in the pathogenesis of some leukemias, among other tissues and cell types. (Gelmann et al., *supra*) Indeed, the human counterparts of the oncogenes involved in some animal neoplasias have been amplified or translocated in some cases of human leukemia and carcinoma. (Gelmann et al., *supra*)

For example, c-myc expression is highly amplified in the non-lymphocytic leukemia cell line HL-60. When HL-60 cells are chemically induced to stop proliferation, the level of c-myc is found to be downregulated. (International Publication Number WO 91/15580). However, it has been shown that exposure of HL-60 cells to a DNA construct that is complementary to the 5' end of c-myc or c-myb blocks translation of the corresponding mRNAs which downregulates expression of the c-myc or c-myb proteins and causes arrest of cell proliferation and differentiation of the treated cells. (International Publication Number WO 91/15580; Wickstrom et al., Proc. Natl. Acad. Sci. 85:1028 (1988); Anfossi et al., Proc. Natl. Acad. Sci. 86:3379 (1989)). However, the skilled artisan would appreciate the present invention's usefulness is not be limited to treatment, prevention, and/or prognosis of proliferative disorders of cells and tissues of hematopoietic origin, in light of the numerous cells and cell types of varying origins which are known to exhibit proliferative phenotypes.

In addition to the foregoing, a polynucleotide of the present invention can be used to control gene expression through triple helix formation or through antisense DNA or RNA. Antisense techniques are discussed, for example, in Okano, J. Neurochem. 56: 560 (1991); "Oligodeoxynucleotides as Antisense Inhibitors of Gene Expression, CRC Press, Boca Raton, FL (1988). Triple helix formation is discussed in, for instance Lee et al., Nucleic Acids Research 6:

3073 (1979); Cooney et al., Science 241: 456 (1988); and Dervan et al., Science 251: 1360 (1991). Both methods rely on binding of the polynucleotide to a complementary DNA or RNA. For these techniques, preferred polynucleotides are usually oligonucleotides 20 to 40 bases in length and complementary to either the region of the gene involved in transcription (triple helix - see Lee et al., Nucl. Acids Res. 6:3073 (1979); Cooney et al., Science 241:456 (1988); and Dervan et al., Science 251:1360 (1991)) or to the mRNA itself (antisense - Okano, J. Neurochem. 56:560 (1991); Oligodeoxy-nucleotides as Antisense Inhibitors of Gene Expression, CRC Press, Boca Raton, FL (1988)). Triple helix formation optimally results in a shut-off of RNA transcription from DNA, while antisense RNA hybridization blocks translation of an mRNA molecule into polypeptide. The oligonucleotide described above can also be delivered to cells such that the antisense RNA or DNA may be expressed *in vivo* to inhibit production of polypeptide of the present invention antigens. Both techniques are effective in model systems, and the information disclosed herein can be used to design antisense or triple helix polynucleotides in an effort to treat disease, and in particular, for the treatment of proliferative diseases and/or conditions. Non-limiting antisense and triple helix methods encompassed by the present invention are more thoroughly described elsewhere herein (see, e.g., the section labeled "Antisense and Ribozyme (Antagonists)").

Polynucleotides of the present invention are also useful in gene therapy. One goal of gene therapy is to insert a normal gene into an organism having a defective gene, in an effort to correct the genetic defect. The polynucleotides disclosed in the present invention offer a means of targeting such genetic defects in a highly accurate manner. Another goal is to insert a new gene that was not present in the host genome, thereby producing a new trait in the host cell. Additional non-limiting examples of gene therapy methods encompassed by the present invention are more thoroughly described elsewhere herein (see, e.g., the sections labeled "Gene Therapy Methods", and Examples 16, 17 and 18).

The polynucleotides are also useful for identifying individuals from minute biological samples. The United States military, for example, is considering the use of restriction fragment length polymorphism (RFLP) for identification of its personnel. In this technique, an individual's genomic DNA is digested with one or more restriction enzymes, and probed on a Southern blot to yield unique bands for identifying personnel. This method does not suffer from the current limitations of "Dog Tags" which can be lost, switched, or stolen, making positive identification difficult. The polynucleotides of the present invention can be used as additional DNA markers for RFLP.

The polynucleotides of the present invention can also be used as an alternative to RFLP, by determining the actual base-by-base DNA sequence of selected portions of an individual's genome. These sequences can be used to prepare PCR primers for amplifying and isolating such selected DNA, which can then be sequenced. Using this technique, individuals can be identified because each individual will have a unique set of DNA sequences. Once an unique ID database is

established for an individual, positive identification of that individual, living or dead, can be made from extremely small tissue samples.

Forensic biology also benefits from using DNA-based identification techniques as disclosed herein. DNA sequences taken from very small biological samples such as tissues, e.g., hair or skin, or body fluids, e.g., blood, saliva, semen, synovial fluid, amniotic fluid, breast milk, lymph, pulmonary sputum or surfactant, urine, fecal matter, etc., can be amplified using PCR. In one prior art technique, gene sequences amplified from polymorphic loci, such as DQa class II HLA gene, are used in forensic biology to identify individuals. (Erlich, H., PCR Technology, Freeman and Co. (1992)). Once these specific polymorphic loci are amplified, they are digested with one or more restriction enzymes, yielding an identifying set of bands on a Southern blot probed with DNA corresponding to the DQa class II HLA gene. Similarly, polynucleotides of the present invention can be used as polymorphic markers for forensic purposes.

There is also a need for reagents capable of identifying the source of a particular tissue. Such need arises, for example, in forensics when presented with tissue of unknown origin. Appropriate reagents can comprise, for example, DNA probes or primers prepared from the sequences of the present invention, specific to tissues, including but not limited to those shown in Table 1B. Panels of such reagents can identify tissue by species and/or by organ type. In a similar fashion, these reagents can be used to screen tissue cultures for contamination. Additional non-limiting examples of such uses are further described herein.

The polynucleotides of the present invention are also useful as hybridization probes for differential identification of the tissue(s) or cell type(s) present in a biological sample. Similarly, polypeptides and antibodies directed to polypeptides of the present invention are useful to provide immunological probes for differential identification of the tissue(s) (e.g., immunohistochemistry assays) or cell type(s) (e.g., immunocytochemistry assays). In addition, for a number of disorders of the above tissues or cells, significantly higher or lower levels of gene expression of the polynucleotides/polypeptides of the present invention may be detected in certain tissues (e.g., tissues expressing polypeptides and/or polynucleotides of the present invention, for example, those disclosed in Table 1B, and/or cancerous and/or wounded tissues) or bodily fluids (e.g., semen, lymph, vaginal pool, serum, plasma, urine, synovial fluid or spinal fluid) taken from an individual having such a disorder, relative to a "standard" gene expression level, i.e., the expression level in healthy tissue from an individual not having the disorder.

Thus, the invention provides a diagnostic method of a disorder, which involves: (a) assaying gene expression level in cells or body fluid of an individual; (b) comparing the gene expression level with a standard gene expression level, whereby an increase or decrease in the assayed gene expression level compared to the standard expression level is indicative of a disorder.

In the very least, the polynucleotides of the present invention can be used as molecular weight markers on Southern gels, as diagnostic probes for the presence of a specific mRNA in a particular cell type, as a probe to "subtract-out" known sequences in the process of discovering novel polynucleotides, for selecting and making oligomers for attachment to a "gene chip" or other support, to raise anti-DNA antibodies using DNA immunization techniques, and as an antigen to elicit an immune response.

Uses of the Polypeptides

Each of the polypeptides identified herein can be used in numerous ways. The following description should be considered exemplary and utilizes known techniques.

Polypeptides and antibodies directed to polypeptides of the present invention are useful to provide immunological probes for differential identification of the tissue(s) (e.g., immunohistochemistry assays such as, for example, ABC immunoperoxidase (Hsu et al., J. Histochem. Cytochem. 29:577-580 (1981)) or cell type(s) (e.g., immunocytochemistry assays).

Antibodies can be used to assay levels of polypeptides encoded by polynucleotides of the invention in a biological sample using classical immunohistological methods known to those of skill in the art (e.g., see Jalkanen, et al., J. Cell. Biol. 101:976-985 (1985); Jalkanen, et al., J. Cell. Biol. 105:3087-3096 (1987)). Other antibody-based methods useful for detecting protein gene expression include immunoassays, such as the enzyme linked immunosorbent assay (ELISA) and the radioimmunoassay (RIA). Suitable antibody assay labels are known in the art and include enzyme labels, such as, glucose oxidase; radioisotopes, such as iodine (^{131}I, ^{125}I, ^{123}I, ^{121}I), carbon (^{14}C), sulfur (^{35}S), tritium (^{3}H), indium (^{115m}In, ^{113m}In, ^{112}In, ^{111}In), and technetium (^{99}Tc, ^{99m}Tc), thallium (^{201}Ti), gallium (^{68}Ga, ^{67}Ga), palladium (^{103}Pd), molybdenum (^{99}Mo), xenon (^{133}Xe), fluorine (^{18}F), ^{153}Sm, ^{177}Lu, ^{159}Gd, ^{149}Pm, ^{140}La, ^{175}Yb, ^{166}Ho, ^{90}Y, ^{47}Sc, ^{186}Re, ^{188}Re, ^{142}Pr, ^{105}Rh, ^{97}Ru; luminescent labels, such as luminol; and fluorescent labels, such as fluorescein and rhodamine, and biotin.

In addition to assaying levels of polypeptide of the present invention in a biological sample, proteins can also be detected *in vivo* by imaging. Antibody labels or markers for *in vivo* imaging of protein include those detectable by X-radiography, NMR or ESR. For X-radiography, suitable labels include radioisotopes such as barium or cesium, which emit detectable radiation but are not overtly harmful to the subject. Suitable markers for NMR and ESR include those with a detectable characteristic spin, such as deuterium, which may be incorporated into the antibody by labeling of nutrients for the relevant hybridoma.

A protein-specific antibody or antibody fragment which has been labeled with an appropriate detectable imaging moiety, such as a radioisotope (for example, ^{131}I, ^{112}In, ^{99m}Tc, (^{131}I, ^{125}I, ^{123}I, ^{121}I), carbon (^{14}C), sulfur (^{35}S), tritium (^{3}H), indium (^{115m}In, ^{113m}In, ^{112}In, ^{111}In), and technetium (^{99}Tc, ^{99m}Tc), thallium (^{201}Ti), gallium (^{68}Ga, ^{67}Ga), palladium (^{103}Pd), molybdenum

(^{99}Mo), xenon (^{133}Xe), fluorine (^{18}F, ^{153}Sm, ^{177}Lu, ^{159}Gd, ^{149}Pm, ^{140}La, ^{175}Yb, ^{166}Ho, ^{90}Y, ^{47}Sc, ^{186}Re, ^{188}Re, ^{142}Pr, ^{105}Rh, ^{97}Ru), a radio-opaque substance, or a material detectable by nuclear magnetic resonance, is introduced (for example, parenterally, subcutaneously or intraperitoneally) into the mammal to be examined for immune system disorder. It will be understood in the art that the size of the subject and the imaging system used will determine the quantity of imaging moiety needed to produce diagnostic images. In the case of a radioisotope moiety, for a human subject, the quantity of radioactivity injected will normally range from about 5 to 20 millicuries of ^{99m}Tc. The labeled antibody or antibody fragment will then preferentially accumulate at the location of cells which express the polypeptide encoded by a polynucleotide of the invention. *In vivo* tumor imaging is described in S.W. Burchiel et al., "Immunopharmacokinetics of Radiolabeled Antibodies and Their Fragments" (Chapter 13 in *Tumor Imaging: The Radiochemical Detection of Cancer*, S.W. Burchiel and B. A. Rhodes, eds., Masson Publishing Inc. (1982)).

In one embodiment, the invention provides a method for the specific delivery of compositions of the invention to cells by administering polypeptides of the invention (e.g., polypeptides encoded by polynucleotides of the invention and/or antibodies) that are associated with heterologous polypeptides or nucleic acids. In one example, the invention provides a method for delivering a therapeutic protein into the targeted cell. In another example, the invention provides a method for delivering a single stranded nucleic acid (e.g., antisense or ribozymes) or double stranded nucleic acid (e.g., DNA that can integrate into the cell's genome or replicate episomally and that can be transcribed) into the targeted cell.

In another embodiment, the invention provides a method for the specific destruction of cells (e.g., the destruction of tumor cells) by administering polypeptides of the invention in association with toxins or cytotoxic prodrugs.

By "toxin" is meant one or more compounds that bind and activate endogenous cytotoxic effector systems, radioisotopes, holotoxins, modified toxins, catalytic subunits of toxins, or any molecules or enzymes not normally present in or on the surface of a cell that under defined conditions cause the cell's death. Toxins that may be used according to the methods of the invention include, but are not limited to, radioisotopes known in the art, compounds such as, for example, antibodies (or complement fixing containing portions thereof) that bind an inherent or induced endogenous cytotoxic effector system, thymidine kinase, endonuclease, RNAse, alpha toxin, ricin, abrin, *Pseudomonas* exotoxin A, diphtheria toxin, saporin, momordin, gelonin, pokeweed antiviral protein, alpha-sarcin and cholera toxin. "Toxin" also includes a cytostatic or cytocidal agent, a therapeutic agent or a radioactive metal ion, e.g., alpha-emitters such as, for example, ^{213}Bi, or other radioisotopes such as, for example, ^{103}Pd, ^{133}Xe, ^{131}I, ^{68}Ge, ^{57}Co, ^{65}Zn, ^{85}Sr, ^{32}P, ^{35}S, ^{90}Y, ^{153}Sm, ^{153}Gd, ^{169}Yb, ^{51}Cr, ^{54}Mn, ^{75}Se, ^{113}Sn, ^{90}Yttrium, ^{117}Tin, ^{186}Rhenium, ^{166}Holmium, and ^{188}Rhenium; luminescent labels, such as luminol; and fluorescent labels, such as fluorescein and rhodamine, and biotin. In a specific embodiment, the invention provides a method

for the specific destruction of cells (e.g., the destruction of tumor cells) by administering polypeptides of the invention or antibodies of the invention in association with the radioisotope ^{90}Y. In another specific embodiment, the invention provides a method for the specific destruction of cells (e.g., the destruction of tumor cells) by administering polypeptides of the invention or antibodies of the invention in association with the radioisotope ^{111}In. In a further specific embodiment, the invention provides a method for the specific destruction of cells (e.g., the destruction of tumor cells) by administering polypeptides of the invention or antibodies of the invention in association with the radioisotope ^{131}I.

Techniques known in the art may be applied to label polypeptides of the invention (including antibodies). Such techniques include, but are not limited to, the use of bifunctional conjugating agents (see e.g., U.S. Patent Nos. 5,756,065; 5,714,631; 5,696,239; 5,652,361; 5,505,931; 5,489,425; 5,435,990; 5,428,139; 5,342,604; 5,274,119; 4,994,560; and 5,808,003; the contents of each of which are hereby incorporated by reference in its entirety).

Thus, the invention provides a diagnostic method of a disorder, which involves (a) assaying the expression level of a polypeptide of the present invention in cells or body fluid of an individual; and (b) comparing the assayed polypeptide expression level with a standard polypeptide expression level, whereby an increase or decrease in the assayed polypeptide expression level compared to the standard expression level is indicative of a disorder. With respect to cancer, the presence of a relatively high amount of transcript in biopsied tissue from an individual may indicate a predisposition for the development of the disease, or may provide a means for detecting the disease prior to the appearance of actual clinical symptoms. A more definitive diagnosis of this type may allow health professionals to employ preventative measures or aggressive treatment earlier thereby preventing the development or further progression of the cancer.

Moreover, polypeptides of the present invention can be used to treat or prevent diseases or conditions such as, for example, neural disorders, immune system disorders, muscular disorders, reproductive disorders, gastrointestinal disorders, pulmonary disorders, cardiovascular disorders, renal disorders, proliferative disorders, and/or cancerous diseases and conditions. For example, patients can be administered a polypeptide of the present invention in an effort to replace absent or decreased levels of the polypeptide (e.g., insulin), to supplement absent or decreased levels of a different polypeptide (e.g., hemoglobin S for hemoglobin B, SOD, catalase, DNA repair proteins), to inhibit the activity of a polypeptide (e.g., an oncogene or tumor supressor), to activate the activity of a polypeptide (e.g., by binding to a receptor), to reduce the activity of a membrane bound receptor by competing with it for free ligand (e.g., soluble TNF receptors used in reducing inflammation), or to bring about a desired response (e.g., blood vessel growth inhibition, enhancement of the immune response to proliferative cells or tissues).

Similarly, antibodies directed to a polypeptide of the present invention can also be used to treat disease (as described *supra*, and elsewhere herein). For example, administration of an antibody directed to a polypeptide of the present invention can bind, and/or neutralize the polypeptide, and/or reduce overproduction of the polypeptide. Similarly, administration of an antibody can activate the polypeptide, such as by binding to a polypeptide bound to a membrane (receptor).

At the very least, the polypeptides of the present invention can be used as molecular weight markers on SDS-PAGE gels or on molecular sieve gel filtration columns using methods well known to those of skill in the art. Polypeptides can also be used to raise antibodies, which in turn are used to measure protein expression from a recombinant cell, as a way of assessing transformation of the host cell. Moreover, the polypeptides of the present invention can be used to test the biological activities described herein.

Diagnostic Assays

The compounds of the present invention are useful for diagnosis, treatment, prevention and/or prognosis of various disorders in mammals, preferably humans. Such disorders include, but are not limited to, those related to biological activities described in Table 1D and, also as described herein under the section heading "Biological Activities".

For a number of disorders, substantially altered (increased or decreased) levels of gene expression can be detected in tissues, cells or bodily fluids (e.g., sera, plasma, urine, semen, synovial fluid or spinal fluid) taken from an individual having such a disorder, relative to a "standard" gene expression level, that is, the expression level in tissues or bodily fluids from an individual not having the disorder. Thus, the invention provides a diagnostic method useful during diagnosis of a disorder, which involves measuring the expression level of the gene encoding the polypeptide in tissues, cells or body fluid from an individual and comparing the measured gene expression level with a standard gene expression level, whereby an increase or decrease in the gene expression level(s) compared to the standard is indicative of a disorder. These diagnostic assays may be performed *in vivo* or *in vitro*, such as, for example, on blood samples, biopsy tissue or autopsy tissue.

The present invention is also useful as a prognostic indicator, whereby patients exhibiting enhanced or depressed gene expression will experience a worse clinical outcome relative to patients expressing the gene at a level nearer the standard level.

In certain embodiments, a polypeptide of the invention, or polynucleotides, antibodies, agonists, or antagonists corresponding to that polypeptide, may be used to diagnose and/or prognosticate diseases and/or disorders associated with the tissue(s) in which the polypeptide of the invention is expressed, including one, two, three, four, five, or more tissues disclosed in Table 1B.2, column 5 (Tissue Distribution Library Code).

By "assaying the expression level of the gene encoding the polypeptide" is intended qualitatively or quantitatively measuring or estimating the level of the polypeptide of the invention or the level of the mRNA encoding the polypeptide of the invention in a first biological sample either directly (e.g., by determining or estimating absolute protein level or mRNA level) or relatively (e.g., by comparing to the polypeptide level or mRNA level in a second biological sample). Preferably, the polypeptide expression level or mRNA level in the first biological sample is measured or estimated and compared to a standard polypeptide level or mRNA level, the standard being taken from a second biological sample obtained from an individual not having the disorder or being determined by averaging levels from a population of individuals not having the disorder. As will be appreciated in the art, once a standard polypeptide level or mRNA level is known, it can be used repeatedly as a standard for comparison.

By "biological sample" is intended any biological sample obtained from an individual, cell line, tissue culture, or other source containing polypeptides of the invention (including portions thereof) or mRNA. As indicated, biological samples include body fluids (such as sera, plasma, urine, synovial fluid and spinal fluid) and tissue sources found to express the full length or fragments thereof of a polypeptide or mRNA. Methods for obtaining tissue biopsies and body fluids from mammals are well known in the art. Where the biological sample is to include mRNA, a tissue biopsy is the preferred source.

Total cellular RNA can be isolated from a biological sample using any suitable technique such as the single-step guanidinium-thiocyanate-phenol-chloroform method described in Chomczynski and Sacchi, Anal. Biochem. 162:156-159 (1987). Levels of mRNA encoding the polypeptides of the invention are then assayed using any appropriate method. These include Northern blot analysis, S1 nuclease mapping, the polymerase chain reaction (PCR), reverse transcription in combination with the polymerase chain reaction (RT-PCR), and reverse transcription in combination with the ligase chain reaction (RT-LCR).

The present invention also relates to diagnostic assays such as quantitative and diagnostic assays for detecting levels of polypeptides of the invention, in a biological sample (e.g., cells and tissues), including determination of normal and abnormal levels of polypeptides. Thus, for instance, a diagnostic assay in accordance with the invention for detecting over-expression of polypeptides of the invention compared to normal control tissue samples may be used to detect the presence of tumors. Assay techniques that can be used to determine levels of a polypeptide, such as a polypeptide of the present invention in a sample derived from a host are well-known to those of skill in the art. Such assay methods include radioimmunoassays, competitive-binding assays, Western Blot analysis and ELISA assays. Assaying polypeptide levels in a biological sample can occur using any art-known method.

Assaying polypeptide levels in a biological sample can occur using antibody-based techniques. For example, polypeptide expression in tissues can be studied with classical

immunohistological methods (Jalkanen et al., J. Cell. Biol. 101:976-985 (1985); Jalkanen, M., et al., J. Cell . Biol. 105:3087-3096 (1987)). Other antibody-based methods useful for detecting polypeptide gene expression include immunoassays, such as the enzyme linked immunosorbent assay (ELISA) and the radioimmunoassay (RIA). Suitable antibody assay labels are known in the art and include enzyme labels, such as, glucose oxidase, and radioisotopes, such as iodine (^{125}I, ^{121}I), carbon (^{14}C), sulfur (^{35}S), tritium (^{3}H), indium (^{112}In), and technetium (^{99m}Tc), and fluorescent labels, such as fluorescein and rhodamine, and biotin.

The tissue or cell type to be analyzed will generally include those which are known, or suspected, to express the gene of inteest (such as, for example, cancer). The protein isolation methods employed herein may, for example, be such as those described in Harlow and Lane (Harlow, E. and Lane, D., 1988, "Antibodies: A Laboratory Manual", Cold Spring Harbor Laboratory Press, Cold Spring Harbor, New York), which is incorporated herein by reference in its entirety. The isolated cells can be derived from cell culture or from a patient. The analysis of cells taken from culture may be a necessary step in the assessment of cells that could be used as part of a cell-based gene therapy technique or, alternatively, to test the effect of compounds on the expression of the gene.

For example, antibodies, or fragments of antibodies, such as those described herein, may be used to quantitatively or qualitatively detect the presence of gene products or conserved variants or peptide fragments thereof. This can be accomplished, for example, by immunofluorescence techniques employing a fluorescently labeled antibody coupled with light microscopic, flow cytometric, or fluorimetric detection.

In a preferred embodiment, antibodies, or fragments of antibodies directed to any one or all of the predicted epitope domains of the polypeptides of the invention (shown in column 7 of Table 1B.1) may be used to quantitatively or qualitatively detect the presence of gene products or conserved variants or peptide fragments thereof. This can be accomplished, for example, by immunofluorescence techniques employing a fluorescently labeled antibody coupled with light microscopic, flow cytometric, or fluorimetric detection.

In an additional preferred embodiment, antibodies, or fragments of antibodies directed to a conformational epitope of a polypeptide of the invention may be used to quantitatively or qualitatively detect the presence of gene products or conserved variants or peptide fragments thereof. This can be accomplished, for example, by immunofluorescence techniques employing a fluorescently labeled antibody coupled with light microscopic, flow cytometric, or fluorimetric detection.

The antibodies (or fragments thereof), and/or polypeptides of the present invention may, additionally, be employed histologically, as in immunofluorescence, immunoelectron microscopy or non-immunological assays, for in situ detection of gene products or conserved variants or peptide fragments thereof. In situ detection may be accomplished by removing a histological

specimen from a patient, and applying thereto a labeled antibody or polypeptide of the present invention. The antibody (or fragment thereof) or polypeptide is preferably applied by overlaying the labeled antibody (or fragment) onto a biological sample. Through the use of such a procedure, it is possible to determine not only the presence of the gene product, or conserved variants or peptide fragments, or polypeptide binding, but also its distribution in the examined tissue. Using the present invention, those of ordinary skill will readily perceive that any of a wide variety of histological methods (such as staining procedures) can be modified in order to achieve such in situ detection.

Immunoassays and non-immunoassays for gene products or conserved variants or peptide fragments thereof will typically comprise incubating a sample, such as a biological fluid, a tissue extract, freshly harvested cells, or lysates of cells which have been incubated in cell culture, in the presence of a detectably labeled antibody capable of binding gene products or conserved variants or peptide fragments thereof, and detecting the bound antibody by any of a number of techniques well-known in the art.

The biological sample may be brought in contact with and immobilized onto a solid phase support or carrier such as nitrocellulose, or other solid support which is capable of immobilizing cells, cell particles or soluble proteins. The support may then be washed with suitable buffers followed by treatment with the detectably labeled antibody or detectable polypeptide of the invention. The solid phase support may then be washed with the buffer a second time to remove unbound antibody or polypeptide. Optionally the antibody is subsequently labeled. The amount of bound label on solid support may then be detected by conventional means.

By "solid phase support or carrier" is intended any support capable of binding an antigen or an antibody. Well-known supports or carriers include glass, polystyrene, polypropylene, polyethylene, dextran, nylon, amylases, natural and modified celluloses, polyacrylamides, gabbros, and magnetite. The nature of the carrier can be either soluble to some extent or insoluble for the purposes of the present invention. The support material may have virtually any possible structural configuration so long as the coupled molecule is capable of binding to an antigen or antibody. Thus, the support configuration may be spherical, as in a bead, or cylindrical, as in the inside surface of a test tube, or the external surface of a rod. Alternatively, the surface may be flat such as a sheet, test strip, etc. Preferred supports include polystyrene beads. Those skilled in the art will know many other suitable carriers for binding antibody or antigen, or will be able to ascertain the same by use of routine experimentation.

The binding activity of a given lot of antibody or antigen polypeptide may be determined according to well known methods. Those skilled in the art will be able to determine operative and optimal assay conditions for each determination by employing routine experimentation.

In addition to assaying polypeptide levels or polynucleotide levels in a biological sample obtained from an individual, polypeptide or polynucleotide can also be detected *in vivo* by

imaging. For example, in one embodiment of the invention, polypeptides and/or antibodies of the invention are used to image diseased cells, such as neoplasms. In another embodiment, polynucleotides of the invention (e.g., polynucleotides complementary to all or a portion of an mRNA) and/or antibodies (e.g., antibodies directed to any one or a combination of the epitopes of a polypeptide of the invention, antibodies directed to a conformational epitope of a polypeptide of the invention, or antibodies directed to the full length polypeptide expressed on the cell surface of a mammalian cell) are used to image diseased or neoplastic cells.

Antibody labels or markers for *in vivo* imaging of polypeptides of the invention include those detectable by X-radiography, NMR, MRI, CAT-scans or ESR. For X-radiography, suitable labels include radioisotopes such as barium or cesium, which emit detectable radiation but are not overtly harmful to the subject. Suitable markers for NMR and ESR include those with a detectable characteristic spin, such as deuterium, which may be incorporated into the antibody by labeling of nutrients for the relevant hybridoma. Where *in vivo* imaging is used to detect enhanced levels of polypeptides for diagnosis in humans, it may be preferable to use human antibodies or "humanized" chimeric monoclonal antibodies. Such antibodies can be produced using techniques described herein or otherwise known in the art. For example methods for producing chimeric antibodies are known in the art. See, for review, Morrison, *Science 229*:1202 (1985); Oi et al., *BioTechniques 4*:214 (1986); Cabilly et al., U.S. Patent No. 4,816,567; Taniguchi et al., EP 171496; Morrison et al., EP 173494; Neuberger et al., WO 8601533; Robinson et al., WO 8702671; Boulianne *et al., Nature 312*:643 (1984); Neuberger *et al., Nature 314*:268 (1985).

Additionally, any polypeptides of the invention whose presence can be detected, can be administered. For example, polypeptides of the invention labeled with a radio-opaque or other appropriate compound can be administered and visualized *in vivo*, as discussed, above for labeled antibodies. Further, such polypeptides can be utilized for *in vitro* diagnostic procedures.

A polypeptide-specific antibody or antibody fragment which has been labeled with an appropriate detectable imaging moiety, such as a radioisotope (for example, ^{131}I, ^{112}In, ^{99m}Tc), a radio-opaque substance, or a material detectable by nuclear magnetic resonance, is introduced (for example, parenterally, subcutaneously or intraperitoneally) into the mammal to be examined for a disorder. It will be understood in the art that the size of the subject and the imaging system used will determine the quantity of imaging moiety needed to produce diagnostic images. In the case of a radioisotope moiety, for a human subject, the quantity of radioactivity injected will normally range from about 5 to 20 millicuries of ^{99m}Tc. The labeled antibody or antibody fragment will then preferentially accumulate at the location of cells which contain the antigenic protein. *In vivo* tumor imaging is described in S.W. Burchiel et al., "Immunopharmacokinetics of Radiolabeled Antibodies and Their Fragments" (Chapter 13 in *Tumor Imaging: The Radiochemical Detection of Cancer*, S.W. Burchiel and B. A. Rhodes, eds., Masson Publishing Inc. (1982)).

With respect to antibodies, one of the ways in which an antibody of the present invention

can be detectably labeled is by linking the same to a reporter enzyme and using the linked product in an enzyme immunoassay (EIA) (Voller, A., "The Enzyme Linked Immunosorbent Assay (ELISA)", 1978, Diagnostic Horizons 2:1-7, Microbiological Associates Quarterly Publication, Walkersville, MD); Voller et al., *J. Clin. Pathol.* 31:507-520 (1978); Butler, J.E., *Meth. Enzymol.* 73:482-523 (1981); Maggio, E. (ed.), 1980, Enzyme Immunoassay, CRC Press, Boca Raton, FL,; Ishikawa, E. et al., (eds.), 1981, Enzyme Immunoassay, Kgaku Shoin, Tokyo). The reporter enzyme which is bound to the antibody will react with an appropriate substrate, preferably a chromogenic substrate, in such a manner as to produce a chemical moiety which can be detected, for example, by spectrophotometric, fluorimetric or by visual means. Reporter enzymes which can be used to detectably label the antibody include, but are not limited to, malate dehydrogenase, staphylococcal nuclease, delta-5-steroid isomerase, yeast alcohol dehydrogenase, alpha-glycerophosphate, dehydrogenase, triose phosphate isomerase, horseradish peroxidase, alkaline phosphatase, asparaginase, glucose oxidase, beta-galactosidase, ribonuclease, urease, catalase, glucose-6-phosphate dehydrogenase, glucoamylase and acetylcholinesterase. Additionally, the detection can be accomplished by colorimetric methods which employ a chromogenic substrate for the reporter enzyme. Detection may also be accomplished by visual comparison of the extent of enzymatic reaction of a substrate in comparison with similarly prepared standards.

Detection may also be accomplished using any of a variety of other immunoassays. For example, by radioactively labeling the antibodies or antibody fragments, it is possible to detect polypeptides through the use of a radioimmunoassay (RIA) (see, for example, Weintraub, B., Principles of Radioimmunoassays, Seventh Training Course on Radioligand Assay Techniques, The Endocrine Society, March, 1986, which is incorporated by reference herein). The radioactive isotope can be detected by means including, but not limited to, a gamma counter, a scintillation counter, or autoradiography.

It is also possible to label the antibody with a fluorescent compound. When the fluorescently labeled antibody is exposed to light of the proper wave length, its presence can then be detected due to fluorescence. Among the most commonly used fluorescent labeling compounds are fluorescein isothiocyanate, rhodamine, phycoerythrin, phycocyanin, allophycocyanin, ophthaldehyde and fluorescamine.

The antibody can also be detectably labeled using fluorescence emitting metals such as ^{152}Eu, or others of the lanthanide series. These metals can be attached to the antibody using such metal chelating groups as diethylenetriaminepentacetic acid (DTPA) or ethylenediaminetetraacetic acid (EDTA).

The antibody also can be detectably labeled by coupling it to a chemiluminescent compound. The presence of the chemiluminescent-tagged antibody is then determined by detecting the presence of luminescence that arises during the course of a chemical reaction. Examples of particularly useful chemiluminescent labeling compounds are luminol, isoluminol,

theromatic acridinium ester, imidazole, acridinium salt and oxalate ester.

Likewise, a bioluminescent compound may be used to label the antibody of the present invention. Bioluminescence is a type of chemiluminescence found in biological systems in, which a catalytic protein increases the efficiency of the chemiluminescent reaction. The presence of a bioluminescent protein is determined by detecting the presence of luminescence. Important bioluminescent compounds for purposes of labeling are luciferin, luciferase and aequorin.

Methods for Detecting Diseases

In general, a disease may be detected in a patient based on the presence of one or more proteins of the invention and/or polynucleotides encoding such proteins in a biological sample (for example, blood, sera, urine, and/or tumor biopsies) obtained from the patient. In other words, such proteins may be used as markers to indicate the presence or absence of a disease or disorder, including cancer and/or as described elsewhere herein. In addition, such proteins may be useful for the detection of other diseases and cancers. The binding agents provided herein generally permit detection of the level of antigen that binds to the agent in the biological sample. Polynucleotide primers and probes may be used to detect the level of mRNA encoding polypeptides of the invention, which is also indicative of the presence or absence of a disease or disorder, including cancer. In general, polypeptides of the invention should be present at a level that is at least three fold higher in diseased tissue than in normal tissue.

There are a variety of assay formats known to those of ordinary skill in the art for using a binding agent to detect polypeptide markers in a sample. See, e.g., Harlow and Lane, *supra.* In general, the presence or absence of a disease in a patient may be determined by (a) contacting a biological sample obtained from a patient with a binding agent; (b) detecting in the sample a level of polypeptide that binds to the binding agent; and (c) comparing the level of polypeptide with a predetermined cut-off value.

In a preferred embodiment, the assay involves the use of a binding agent(s) immobilized on a solid support to bind to and remove the polypeptide of the invention from the remainder of the sample. The bound polypeptide may then be detected using a detection reagent that contains a reporter group and specifically binds to the binding agent/polypeptide complex. Such detection reagents may comprise, for example, a binding agent that specifically binds to the polypeptide or an antibody or other agent that specifically binds to the binding agent, such as an anti-immunoglobulin, protein G, protein A or a lectin. Alternatively, a competitive assay may be utilized, in which a polypeptide is labeled with a reporter group and allowed to bind to the immobilized binding agent after incubation of the binding agent with the sample. The extent to which components of the sample inhibit the binding of the labeled polypeptide to the binding agent is indicative of the reactivity of the sample with the immobilized binding agent. Suitable

polypeptides for use within such assays include polypeptides of the invention and portions thereof, or antibodies, to which the binding agent binds, as described above.

The solid support may be any material known to those of skill in the art to which polypeptides of the invention may be attached. For example, the solid support may be a test well in a microtiter plate or a nitrocellulose or other suitable membrane. Alternatively, the support may be a bead or disc, such as glass fiberglass, latex or a plastic material such as polystyrene or polyvinylchloride. The support may also be a magnetic particle or a fiber optic sensor, such as those disclosed, for example, in U.S. Patent No. 5,359,681. The binding agent may be immobilized on the solid support using a variety of techniques known to those of skill in the art, which are amply described in the patent and scientific literature. In the context of the present invention, the term "immobilization" refers to both noncovalent association, such as adsorption, and covalent attachment (which may be a direct linkage between the agent and functional groups on the support or may be a linkage by way of a cross-linking agent). Immobilization by adsorption to a well in a microtiter plate or to a membrane is preferred. In such cases, adsorption may be achieved by contacting the binding agent, in a suitable buffer, with the solid support for the suitable amount of time. The contact time varies with temperature, but is typically between about 1 hour and about 1 day. In general, contacting a well of plastic microtiter plate (such as polystyrene or polyvinylchloride) with an amount of binding agent ranging from about 10 ng to about 10 ug, and preferably about 100 ng to about 1 ug, is sufficient to immobilize an adequate amount of binding agent.

Covalent attachment of binding agent to a solid support may generally be achieved by first reacting the support with a bifunctional reagent that will react with both the support and a functional group, such as a hydroxyl or amino group, on the binding agent. For example, the binding agent may be covalently attached to supports having an appropriate polymer coating using benzoquinone or by condensation of an aldehyde group on the support with an amine and an active hydrogen on the binding partner (see, e.g., Pierce Immunotechnology Catalog and Handbook, 1991, at A12-A13).

Gene Therapy Methods

Also encompassed by the invention are gene therapy methods for treating or preventing disorders, diseases and conditions. The gene therapy methods relate to the introduction of nucleic acid (DNA, RNA and antisense DNA or RNA) sequences into an animal to achieve expression of the polypeptide of the present invention. This method requires a polynucleotide which codes for a polypeptide of the present invention operatively linked to a promoter and any other genetic elements necessary for the expression of the polypeptide by the target tissue. Such gene therapy and delivery techniques are known in the art, see, for example, WO90/11092, which is herein incorporated by reference.

Thus, for example, cells from a patient may be engineered with a polynucleotide (DNA or RNA) comprising a promoter operably linked to a polynucleotide of the present invention ex vivo, with the engineered cells then being provided to a patient to be treated with the polypeptide of the present invention. Such methods are well-known in the art. For example, see Belldegrun, A., et al., J. Natl. Cancer Inst. 85: 207-216 (1993); Ferrantini, M. et al., Cancer Research 53: 1107-1112 (1993); Ferrantini, M. et al., J. Immunology 153: 4604-4615 (1994); Kaido, T., et al., Int. J. Cancer 60: 221-229 (1995); Ogura, H., et al., Cancer Research 50: 5102-5106 (1990); Santodonato, L., et al., Human Gene Therapy 7:1-10 (1996); Santodonato, L., et al., Gene Therapy 4:1246-1255 (1997); and Zhang, J.-F. et al., Cancer Gene Therapy 3: 31-38 (1996)), which are herein incorporated by reference. In one embodiment, the cells which are engineered are arterial cells. The arterial cells may be reintroduced into the patient through direct injection to the artery, the tissues surrounding the artery, or through catheter injection.

As discussed in more detail below, the polynucleotide constructs can be delivered by any method that delivers injectable materials to the cells of an animal, such as, injection into the interstitial space of tissues (heart, muscle, skin, lung, liver, and the like). The polynucleotide constructs may be delivered in a pharmaceutically acceptable liquid or aqueous carrier.

In one embodiment, the polynucleotide of the present invention is delivered as a naked polynucleotide. The term "naked" polynucleotide, DNA or RNA refers to sequences that are free from any delivery vehicle that acts to assist, promote or facilitate entry into the cell, including viral sequences, viral particles, liposome formulations, ~~lipofectin~~LIPOFECTIN™ or precipitating agents and the like. However, the polynucleotide of the present invention can also be delivered in liposome formulations and ~~lipofectin~~LIPOFECTIN™ formulations and the like can be prepared by methods well known to those skilled in the art. Such methods are described, for example, in U.S. Patent Nos. 5,593,972, 5,589,466, and 5,580,859, which are herein incorporated by reference.

The polynucleotide vector constructs used in the gene therapy method are preferably constructs that will not integrate into the host genome nor will they contain sequences that allow for replication. Appropriate vectors include pWLNEO, pSV2CAT, pOG44, pXT1 and pSG available from ~~Stratagene~~STRATAGENE™; pSVK3, pBPV, pMSG and pSVL available from

~~Pharmacia~~PHARMACIA™; and pEF1/V5, pcDNA3.1, and pRc/CMV2 available from Invitrogen. Other suitable vectors will be readily apparent to the skilled artisan.

Any strong promoter known to those skilled in the art can be used for driving the expression of the polynucleotide sequence. Suitable promoters include adenoviral promoters, such as the adenoviral major late promoter; or heterologous promoters, such as the cytomegalovirus (CMV) promoter; the respiratory syncytial virus (RSV) promoter; inducible promoters, such as the MMT promoter, the metallothionein promoter; heat shock promoters; the albumin promoter; the ApoAI promoter; human globin promoters; viral thymidine kinase promoters, such as the Herpes Simplex thymidine kinase promoter; retroviral LTRs; the b-actin promoter; and human growth hormone promoters. The promoter also may be the native promoter for the polynucleotide of the present invention.

Unlike other gene therapy techniques, one major advantage of introducing naked nucleic acid sequences into target cells is the transitory nature of the polynucleotide synthesis in the cells. Studies have shown that non-replicating DNA sequences can be introduced into cells to provide production of the desired polypeptide for periods of up to six months.

The polynucleotide construct can be delivered to the interstitial space of tissues within the an animal, including of muscle, skin, brain, lung, liver, spleen, bone marrow, thymus, heart, lymph, blood, bone, cartilage, pancreas, kidney, gall bladder, stomach, intestine, testis, ovary, uterus, rectum, nervous system, eye, gland, and connective tissue. Interstitial space of the tissues comprises the intercellular, fluid, mucopolysaccharide matrix among the reticular fibers of organ tissues, elastic fibers in the walls of vessels or chambers, collagen fibers of fibrous tissues, or that same matrix within connective tissue ensheathing muscle cells or in the lacunae of bone. It is similarly the space occupied by the plasma of the circulation and the lymph fluid of the lymphatic channels. Delivery to the interstitial space of muscle tissue is preferred for the reasons discussed below. They may be conveniently delivered by injection into the tissues comprising these cells. They are preferably delivered to and expressed in persistent, non-dividing cells which are differentiated, although delivery and expression may be achieved in non-differentiated or less completely differentiated cells, such as, for example, stem cells of blood or skin fibroblasts. *In vivo* muscle cells are particularly competent in their ability to take up and express polynucleotides.

For the naked nucleic acid sequence injection, an effective dosage amount of DNA or RNA will be in the range of from about 0.05 mg/kg body weight to about 50 mg/kg body weight. Preferably the dosage will be from about 0.005 mg/kg to about 20 mg/kg and more preferably from about 0.05 mg/kg to about 5 mg/kg. Of course, as the artisan of ordinary skill will appreciate, this dosage will vary according to the tissue site of injection. The appropriate and effective dosage of nucleic acid sequence can readily be determined by those of ordinary skill in the art and may depend on the condition being treated and the route of administration.

The preferred route of administration is by the parenteral route of injection into the interstitial space of tissues. However, other parenteral routes may also be used, such as, inhalation of an aerosol formulation particularly for delivery to lungs or bronchial tissues, throat or mucous membranes of the nose. In addition, naked DNA constructs can be delivered to arteries during angioplasty by the catheter used in the procedure.

The naked polynucleotides are delivered by any method known in the art, including, but not limited to, direct needle injection at the delivery site, intravenous injection, topical administration, catheter infusion, and so-called "gene guns". These delivery methods are known in the art.

The constructs may also be delivered with delivery vehicles such as viral sequences, viral particles, liposome formulations, ~~lipofectin~~LIPOFECTIN™, precipitating agents, etc. Such methods of delivery are known in the art.

In certain embodiments, the polynucleotide constructs are complexed in a liposome preparation. Liposomal preparations for use in the instant invention include cationic (positively charged), anionic (negatively charged) and neutral preparations. However, cationic liposomes are particularly preferred because a tight charge complex can be formed between the cationic liposome and the polyanionic nucleic acid. Cationic liposomes have been shown to mediate intracellular delivery of plasmid DNA (Felgner et al., Proc. Natl. Acad. Sci. USA (1987) 84:7413-7416, which is herein incorporated by reference); mRNA (Malone et al., Proc. Natl. Acad. Sci. USA (1989) 86:6077-6081, which is herein incorporated by reference); and purified transcription factors (Debs et al., J. Biol. Chem. (1990) 265:10189-10192, which is herein incorporated by reference), in functional form.

Cationic liposomes are readily available. For example, N[1-2,3-dioleyloxy)propyl]-N,N,N-triethylammonium (DOTMA) liposomes are particularly useful and are available under the trademark ~~Lipofectin~~LIPOFECTIN™, from GIBCO BRL, Grand Island, N.Y. (See, also, Felgner et al., Proc. Natl Acad. Sci. USA (1987) 84:7413-7416, which is herein incorporated by reference). Other commercially available liposomes include transfectace (DDAB/DOPE) and DOTAP/DOPE (~~Boehringer~~BOEHRINGER™).

Other cationic liposomes can be prepared from readily available materials using techniques well known in the art. See, e.g. PCT Publication No. WO 90/11092 (which is herein incorporated by reference) for a description of the synthesis of DOTAP (1,2-bis(oleoyloxy)-3-(trimethylammonio)propane) liposomes. Preparation of DOTMA liposomes is explained in the literature, see, e.g., P. Felgner et al., Proc. Natl. Acad. Sci. USA 84:7413-7417, which is herein incorporated by reference. Similar methods can be used to prepare liposomes from other cationic lipid materials.

Similarly, anionic and neutral liposomes are readily available, such as from Avanti Polar Lipids (Birmingham, Ala.), or can be easily prepared using readily available materials. Such

materials include phosphatidyl, choline, cholesterol, phosphatidyl ethanolamine, dioleoylphosphatidyl choline (DOPC), dioleoylphosphatidyl glycerol (DOPG), dioleoylphoshatidyl ethanolamine (DOPE), among others. These materials can also be mixed with the DOTMA and DOTAP starting materials in appropriate ratios. Methods for making liposomes using these materials are well known in the art.

For example, commercially dioleoylphosphatidyl choline (DOPC), dioleoylphosphatidyl glycerol (DOPG), and dioleoylphosphatidyl ethanolamine (DOPE) can be used in various combinations to make conventional liposomes, with or without the addition of cholesterol. Thus, for example, DOPG/DOPC vesicles can be prepared by drying 50 mg each of DOPG and DOPC under a stream of nitrogen gas into a sonication vial. The sample is placed under a vacuum pump overnight and is hydrated the following day with deionized water. The sample is then sonicated for 2 hours in a capped vial, using a Heat Systems model 350 sonicator equipped with an inverted cup (bath type) probe at the maximum setting while the bath is circulated at 15EC. Alternatively, negatively charged vesicles can be prepared without sonication to produce multilamellar vesicles or by extrusion through nucleopore membranes to produce unilamellar vesicles of discrete size. Other methods are known and available to those of skill in the art.

The liposomes can comprise multilamellar vesicles (MLVs), small unilamellar vesicles (SUVs), or large unilamellar vesicles (LUVs), with SUVs being preferred. The various liposome-nucleic acid complexes are prepared using methods well known in the art. See, e.g., Straubinger et al., Methods of Immunology (1983), 101:512-527, which is herein incorporated by reference. For example, MLVs containing nucleic acid can be prepared by depositing a thin film of phospholipid on the walls of a glass tube and subsequently hydrating with a solution of the material to be encapsulated. SUVs are prepared by extended sonication of MLVs to produce a homogeneous population of unilamellar liposomes. The material to be entrapped is added to a suspension of preformed MLVs and then sonicated. When using liposomes containing cationic lipids, the dried lipid film is resuspended in an appropriate solution such as sterile water or an isotonic buffer solution such as 10 mM Tris/NaCl, sonicated, and then the preformed liposomes are mixed directly with the DNA. The liposome and DNA form a very stable complex due to binding of the positively charged liposomes to the cationic DNA. SUVs find use with small nucleic acid fragments. LUVs are prepared by a number of methods, well known in the art. Commonly used methods include Ca^{2+}-EDTA chelation (Papahadjopoulos et al., Biochim. Biophys. Acta (1975) 394:483; Wilson et al., Cell 17:77 (1979)); ether injection (Deamer, D. and Bangham, A., Biochim. Biophys. Acta 443:629 (1976); Ostro et al., Biochem. Biophys. Res. Commun. 76:836 (1977); Fraley et al., Proc. Natl. Acad. Sci. USA 76:3348 (1979)); detergent dialysis (Enoch, H. and Strittmatter, P., Proc. Natl. Acad. Sci. USA 76:145 (1979)); and reverse-phase evaporation (REV) (Fraley et al., J. Biol. Chem. 255:10431 (1980); Szoka, F. and

Papahadjopoulos, D., Proc. Natl. Acad. Sci. USA 75:145 (1978); Schaefer-Ridder et al., Science 215:166 (1982)), which are herein incorporated by reference.

Generally, the ratio of DNA to liposomes will be from about 10:1 to about 1:10. Preferably, the ration will be from about 5:1 to about 1:5. More preferably, the ration will be about 3:1 to about 1:3. Still more preferably, the ratio will be about 1:1.

U.S. Patent No. 5,676,954 (which is herein incorporated by reference) reports on the injection of genetic material, complexed with cationic liposomes carriers, into mice. U.S. Patent Nos. 4,897,355, 4,946,787, 5,049,386, 5,459,127, 5,589,466, 5,693,622, 5,580,859, 5,703,055, and international publication no. WO 94/9469 (which are herein incorporated by reference) provide cationic lipids for use in transfecting DNA into cells and mammals. U.S. Patent Nos. 5,589,466, 5,693,622, 5,580,859, 5,703,055, and international publication no. WO 94/9469 provide methods for delivering DNA-cationic lipid complexes to mammals.

In certain embodiments, cells are engineered, ex vivo or *in vivo*, using a retroviral particle containing RNA which comprises a sequence encoding a polypeptide of the present invention. Retroviruses from which the retroviral plasmid vectors may be derived include, but are not limited to, Moloney Murine Leukemia Virus, spleen necrosis virus, Rous sarcoma Virus, Harvey Sarcoma Virus, avian leukosis virus, gibbon ape leukemia virus, human immunodeficiency virus, Myeloproliferative Sarcoma Virus, and mammary tumor virus.

The retroviral plasmid vector is employed to transduce packaging cell lines to form producer cell lines. Examples of packaging cells which may be transfected include, but are not limited to, the PE501, PA317, R-2, R-AM, PA12, T19-14X, VT-19-17-H2, RCRE, RCRIP, GP+E-86, GP+envAm12, and DAN cell lines as described in Miller, Human Gene Therapy 1:5-14 (1990), which is incorporated herein by reference in its entirety. The vector may transduce the packaging cells through any means known in the art. Such means include, but are not limited to, electroporation, the use of liposomes, and $CaPO_4$ precipitation. In one alternative, the retroviral plasmid vector may be encapsulated into a liposome, or coupled to a lipid, and then administered to a host.

The producer cell line generates infectious retroviral vector particles which include polynucleotide encoding a polypeptide of the present invention. Such retroviral vector particles then may be employed, to transduce eukaryotic cells, either in vitro or *in vivo*. The transduced eukaryotic cells will express a polypeptide of the present invention.

In certain other embodiments, cells are engineered, ex vivo or *in vivo*, with polynucleotide contained in an adenovirus vector. Adenovirus can be manipulated such that it encodes and expresses a polypeptide of the present invention, and at the same time is inactivated in terms of its ability to replicate in a normal lytic viral life cycle. Adenovirus expression is achieved without integration of the viral DNA into the host cell chromosome, thereby alleviating concerns about insertional mutagenesis. Furthermore, adenoviruses have been used as live enteric vaccines for

many years with an excellent safety profile (Schwartz et al. Am. Rev. Respir. Dis.109:233-238 (1974)). Finally, adenovirus mediated gene transfer has been demonstrated in a number of instances including transfer of alpha-1-antitrypsin and CFTR to the lungs of cotton rats (Rosenfeld, M. A. et al. (1991) Science 252:431-434; Rosenfeld et al., (1992) Cell 68:143-155). Furthermore, extensive studies to attempt to establish adenovirus as a causative agent in human cancer were uniformly negative (Green, M. et al. (1979) Proc. Natl. Acad. Sci. USA 76:6606).

Suitable adenoviral vectors useful in the present invention are described, for example, in Kozarsky and Wilson, Curr. Opin. Genet. Devel. 3:499-503 (1993); Rosenfeld et al., Cell 68:143-155 (1992); Engelhardt et al., Human Genet. Ther. 4:759-769 (1993); Yang et al., Nature Genet. 7:362-369 (1994); Wilson et al., Nature 365:691-692 (1993); and U.S. Patent No. 5,652,224, which are herein incorporated by reference. For example, the adenovirus vector Ad2 is useful and can be grown in human 293 cells. These cells contain the E1 region of adenovirus and constitutively express Ela and Elb, which complement the defective adenoviruses by providing the products of the genes deleted from the vector. In addition to Ad2, other varieties of adenovirus (e.g., Ad3, Ad5, and Ad7) are also useful in the present invention.

Preferably, the adenoviruses used in the present invention are replication deficient. Replication deficient adenoviruses require the aid of a helper virus and/or packaging cell line to form infectious particles. The resulting virus is capable of infecting cells and can express a polynucleotide of interest which is operably linked to a promoter, but cannot replicate in most cells. Replication deficient adenoviruses may be deleted in one or more of all or a portion of the following genes: E1a, E1b, E3, E4, E2a, or L1 through L5.

In certain other embodiments, the cells are engineered, ex vivo or *in vivo*, using an adeno-associated virus (AAV). AAVs are naturally occurring defective viruses that require helper viruses to produce infectious particles (Muzyczka, N., Curr. Topics in Microbiol. Immunol. 158:97 (1992)). It is also one of the few viruses that may integrate its DNA into non-dividing cells. Vectors containing as little as 300 base pairs of AAV can be packaged and can integrate, but space for exogenous DNA is limited to about 4.5 kb. Methods for producing and using such AAVs are known in the art. See, for example, U.S. Patent Nos. 5,139,941, 5,173,414, 5,354,678, 5,436,146, 5,474,935, 5,478,745, and 5,589,377.

For example, an appropriate AAV vector for use in the present invention will include all the sequences necessary for DNA replication, encapsidation, and host-cell integration. The polynucleotide construct is inserted into the AAV vector using standard cloning methods, such as those found in Sambrook et al., Molecular Cloning: A Laboratory Manual, Cold Spring Harbor Press (1989). The recombinant AAV vector is then transfected into packaging cells which are infected with a helper virus, using any standard technique, including lipofection, electroporation, calcium phosphate precipitation, etc. Appropriate helper viruses include adenoviruses, cytomegaloviruses, vaccinia viruses, or herpes viruses. Once the packaging cells are transfected

and infected, they will produce infectious AAV viral particles which contain the polynucleotide construct. These viral particles are then used to transduce eukaryotic cells, either ex vivo or *in vivo*. The transduced cells will contain the polynucleotide construct integrated into its genome, and will express a polypeptide of the invention.

Another method of gene therapy involves operably associating heterologous control regions and endogenous polynucleotide sequences (e.g. encoding a polypeptide of the present invention) via homologous recombination (see, e.g., U.S. Patent No. 5,641,670, issued June 24, 1997; International Publication No. WO 96/29411, published September 26, 1996; International Publication No. WO 94/12650, published August 4, 1994; Koller et al., Proc. Natl. Acad. Sci. USA 86:8932-8935 (1989); and Zijlstra et al., Nature 342:435-438 (1989), which are herein encorporated by reference. This method involves the activation of a gene which is present in the target cells, but which is not normally expressed in the cells, or is expressed at a lower level than desired.

Polynucleotide constructs are made, using standard techniques known in the art, which contain the promoter with targeting sequences flanking the promoter. Suitable promoters are described herein. The targeting sequence is sufficiently complementary to an endogenous sequence to permit homologous recombination of the promoter-targeting sequence with the endogenous sequence. The targeting sequence will be sufficiently near the 5' end of the desired endogenous polynucleotide sequence so the promoter will be operably linked to the endogenous sequence upon homologous recombination.

The promoter and the targeting sequences can be amplified using PCR. Preferably, the amplified promoter contains distinct restriction enzyme sites on the 5' and 3' ends. Preferably, the 3' end of the first targeting sequence contains the same restriction enzyme site as the 5' end of the amplified promoter and the 5' end of the second targeting sequence contains the same restriction site as the 3' end of the amplified promoter. The amplified promoter and targeting sequences are digested and ligated together.

The promoter-targeting sequence construct is delivered to the cells, either as naked polynucleotide, or in conjunction with transfection-facilitating agents, such as liposomes, viral sequences, viral particles, whole viruses, lipofection, precipitating agents, etc., described in more detail above. The P promoter-targeting sequence can be delivered by any method, included direct needle injection, intravenous injection, topical administration, catheter infusion, particle accelerators, etc. The methods are described in more detail below.

The promoter-targeting sequence construct is taken up by cells. Homologous recombination between the construct and the endogenous sequence takes place, such that an endogenous sequence is placed under the control of the promoter. The promoter then drives the expression of the endogenous sequence.

The polynucleotide encoding a polypeptide of the present invention may contain a secretory signal sequence that facilitates secretion of the protein. Typically, the signal sequence is positioned in the coding region of the polynucleotide to be expressed towards or at the 5' end of the coding region. The signal sequence may be homologous or heterologous to the polynucleotide of interest and may be homologous or heterologous to the cells to be transfected. Additionally, the signal sequence may be chemically synthesized using methods known in the art.

Any mode of administration of any of the above-described polynucleotides constructs can be used so long as the mode results in the expression of one or more molecules in an amount sufficient to provide a therapeutic effect. This includes direct needle injection, systemic injection, catheter infusion, biolistic injectors, particle accelerators (i.e., "gene guns"), gelfoam sponge depots, other commercially available depot materials, osmotic pumps (e.g., Alza minipumps), oral or suppositorial solid (tablet or pill) pharmaceutical formulations, and decanting or topical applications during surgery. For example, direct injection of naked calcium phosphate-precipitated plasmid into rat liver and rat spleen or a protein-coated plasmid into the portal vein has resulted in gene expression of the foreign gene in the rat livers (Kaneda et al., Science 243:375 (1989)).

A preferred method of local administration is by direct injection. Preferably, a recombinant molecule of the present invention complexed with a delivery vehicle is administered by direct injection into or locally within the area of arteries. Administration of a composition locally within the area of arteries refers to injecting the composition centimeters and preferably, millimeters within arteries.

Another method of local administration is to contact a polynucleotide construct of the present invention in or around a surgical wound. For example, a patient can undergo surgery and the polynucleotide construct can be coated on the surface of tissue inside the wound or the construct can be injected into areas of tissue inside the wound.

Therapeutic compositions useful in systemic administration, include recombinant molecules of the present invention complexed to a targeted delivery vehicle of the present invention. Suitable delivery vehicles for use with systemic administration comprise liposomes comprising ligands for targeting the vehicle to a particular site. In specific embodiments, suitable delivery vehicles for use with systemic administration comprise liposomes comprising polypeptides of the invention for targeting the vehicle to a particular site.

Preferred methods of systemic administration, include intravenous injection, aerosol, oral and percutaneous (topical) delivery. Intravenous injections can be performed using methods standard in the art. Aerosol delivery can also be performed using methods standard in the art (see, for example, Stribling et al., Proc. Natl. Acad. Sci. USA 189:11277-11281, 1992, which is incorporated herein by reference). Oral delivery can be performed by complexing a polynucleotide construct of the present invention to a carrier capable of withstanding degradation by digestive

enzymes in the gut of an animal. Examples of such carriers, include plastic capsules or tablets, such as those known in the art. Topical delivery can be performed by mixing a polynucleotide construct of the present invention with a lipophilic reagent (e.g., DMSO) that is capable of passing into the skin.

Determining an effective amount of substance to be delivered can depend upon a number of factors including, for example, the chemical structure and biological activity of the substance, the age and weight of the animal, the precise condition requiring treatment and its severity, and the route of administration. The frequency of treatments depends upon a number of factors, such as the amount of polynucleotide constructs administered per dose, as well as the health and history of the subject. The precise amount, number of doses, and timing of doses will be determined by the attending physician or veterinarian.

Therapeutic compositions of the present invention can be administered to any animal, preferably to mammals and birds. Preferred mammals include humans, dogs, cats, mice, rats, rabbits sheep, cattle, horses and pigs, with humans being particularly preferred.

Biological Activities

Polynucleotides or polypeptides, or agonists or antagonists of the present invention, can be used in assays to test for one or more biological activities. If these polynucleotides or polypeptides, or agonists or antagonists of the present invention, do exhibit activity in a particular assay, it is likely that these molecules may be involved in the diseases associated with the biological activity. Thus, the polynucleotides and polypeptides, and agonists or antagonists could be used to treat the associated disease.

Members of the secreted family of proteins are believed to be involved in biological activities associated with, for example, cellular signaling. Accordingly, compositions of the invention (including polynucleotides, polypeptides and antibodies of the invention, and fragments and variants thereof) may be used in diagnosis, prognosis, prevention and/or treatment of diseases and/or disorders associated with aberrant activity of secreted polypeptides.

In preferred embodiments, compositions of the invention (including polynucleotides, polypeptides and antibodies of the invention, and fragments and variants thereof) may be used in the diagnosis, prognosis, prevention, treatment, and/or amelioration of cancer and other hyperproliferative diseases and/or disorders (e.g., as described in the "Hyperproliferative Disorders"). In certain embodiments, a polypeptide of the invention, or polynucleotides, antibodies, agonists, or antagonists corresponding to that polypeptide, may be used to diagnose and/or prognosticate diseases and/or disorders associated with the tissue(s) in which the polypeptide of the invention is expressed including one, two, three, four, five, or more tissues disclosed in Table 1B.2, column 5 (Tissue Distribution Library Code).

Thus, polynucleotides, translation products and antibodies of the invention are useful in the diagnosis, detection, prevention, prognistication, and/or treatment of diseases and/or disorders associated with activities that include, but are not limited to, prohormone activation, neurotransmitter activity, cellular signaling, cellular proliferation, cellular differentiation, and cell migration.

More generally, polynucleotides, translation products and antibodies corresponding to this gene may be useful for the diagnosis, prognosis, prevention, treatment and/or amelioration of diseases and/or disorders associated with the following system or systems.

Immune Activity

Polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention may be useful in preventing, diagnosing, prognosticating, treating, and/or ameliorating diseases, disorders, and/or conditions of the immune system, by, for example, activating or inhibiting the proliferation, differentiation, or mobilization (chemotaxis) of immune cells. Immune cells develop through a process called hematopoiesis, producing myeloid (platelets, red blood cells, neutrophils, and macrophages) and lymphoid (B and T lymphocytes) cells from pluripotent stem cells. The etiology of these immune diseases, disorders, and/or conditions may be genetic, somatic, such as cancer and some autoimmune diseases, acquired (e.g., by chemotherapy or toxins), or infectious. Moreover, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention can be used as a marker or detector of a particular immune system disease or disorder.

In another embodiment, a polypeptide of the invention, or polynucleotides, antibodies, agonists, or antagonists corresponding to that polypeptide, may be used to treat diseases and disorders of the immune system and/or to inhibit or enhance an immune response generated by cells associated with the tissue(s) in which the polypeptide of the invention is expressed, including one, two, three, four, five, or more tissues disclosed in Table 1B.2, column 5 (Tissue Distribution Library Code).

Polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention may be useful in preventing, diagnosing, prognosticating, treating and/or ameliorating immunodeficiencies, including both congenital and acquired immunodeficiencies. Examples of B cell immunodeficiencies in which immunoglobulin levels B cell function and/or B cell numbers are decreased include: X-linked agammaglobulinemia (Bruton's disease), X-linked infantile

agammaglobulinemia, X-linked immunodeficiency with hyper IgM, non X-linked immunodeficiency with hyper IgM, X-linked lymphoproliferative syndrome (XLP), agammaglobulinemia including congenital and acquired agammaglobulinemia, adult onset agammaglobulinemia, late-onset agammaglobulinemia, dysgammaglobulinemia, hypogammaglobulinemia, unspecified hypogammaglobulinemia, recessive agammaglobulinemia (Swiss type), Selective IgM deficiency, selective IgA deficiency, selective IgG subclass deficiencies, IgG subclass deficiency (with or without IgA deficiency), Ig deficiency with increased IgM, IgG and IgA deficiency with increased IgM, antibody deficiency with normal or elevated Igs, Ig heavy chain deletions, kappa chain deficiency, B cell lymphoproliferative disorder (BLPD), common variable immunodeficiency (CVID), common variable immunodeficiency (CVI) (acquired), and transient hypogammaglobulinemia of infancy.

In specific embodiments, ataxia-telangiectasia or conditions associated with ataxia-telangiectasia are detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated using the polypeptides or polynucleotides of the invention, and/or agonists or antagonists thereof.

Examples of congenital immunodeficiencies in which T cell and/or B cell function and/or number is decreased include, but are not limited to: DiGeorge anomaly, severe combined immunodeficiencies (SCID) (including, but not limited to, X-linked SCID, autosomal recessive SCID, adenosine deaminase deficiency, purine nucleoside phosphorylase (PNP) deficiency, Class II MHC deficiency (Bare lymphocyte syndrome), Wiskott-Aldrich syndrome, and ataxia telangiectasia), thymic hypoplasia, third and fourth pharyngeal pouch syndrome, 22q11.2 deletion, chronic mucocutaneous candidiasis, natural killer cell deficiency (NK), idiopathic CD4+ T-lymphocytopenia, immunodeficiency with predominant T cell defect (unspecified), and unspecified immunodeficiency of cell mediated immunity.

In specific embodiments, DiGeorge anomaly or conditions associated with DiGeorge anomaly are prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polypeptides or polynucleotides of the invention, or antagonists or agonists thereof.

Other immunodeficiencies that may be prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polypeptides or polynucleotides of the invention, and/or agonists or antagonists thereof, include, but are not limited to, chronic granulomatous disease, Chédiak-Higashi syndrome, myeloperoxidase deficiency, leukocyte glucose-6-phosphate dehydrogenase deficiency, X-linked lymphoproliferative syndrome (XLP), leukocyte adhesion deficiency,

complement component deficiencies (including C1, C2, C3, C4, C5, C6, C7, C8 and/or C9 deficiencies), reticular dysgenesis, thymic alymphoplasia-aplasia, immunodeficiency with thymoma, severe congenital leukopenia, dysplasia with immunodeficiency, neonatal neutropenia, short limbed dwarfism, and Nezelof syndrome-combined immunodeficiency with Igs.

In a preferred embodiment, the immunodeficiencies and/or conditions associated with the immunodeficiencies recited above are prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention.

In a preferred embodiment polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention could be used as an agent to boost immunoresponsiveness among immunodeficient individuals. In specific embodiments, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention could be used as an agent to boost immunoresponsiveness among B cell and/or T cell immunodeficient individuals.

The polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention may be useful in preventing, detecting, diagnosing, prognosticating, treating and/or ameliorating autoimmune disorders. Many autoimmune disorders result from inappropriate recognition of self as foreign material by immune cells. This inappropriate recognition results in an immune response leading to the destruction of the host tissue. Therefore, the administration of polynucleotides and polypeptides of the invention that can inhibit an immune response, particularly the proliferation, differentiation, or chemotaxis of T-cells, may be an effective therapy in preventing autoimmune disorders.

Autoimmune diseases or disorders that may be prevented, detected, diagnosed, prognosticated, treated, and/or ameliorated by polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention include, but are not limited to, one or more of the following: systemic lupus erythematosus, rheumatoid arthritis, ankylosing spondylitis, multiple sclerosis, autoimmune thyroiditis, Hashimoto's thyroiditis, autoimmune hemolytic anemia, hemolytic anemia, thrombocytopenia, autoimmune thrombocytopenia purpura, autoimmune neonatal thrombocytopenia, idiopathic thrombocytopenia purpura, purpura (e.g., Henloch-Scoenlein purpura), autoimmunocytopenia, Goodpasture's syndrome, Pemphigus vulgaris, myasthenia gravis, Grave's disease (hyperthyroidism), and insulin-resistant diabetes mellitus.

Additional disorders that are likely to have an autoimmune component that may be prevented, detected, diagnosed, prognosticated, treated and/or ameliorated with the compositions of the invention include, but are not limited to, type II collagen-induced arthritis, antiphospholipid syndrome, dermatitis, allergic encephalomyelitis, myocarditis, relapsing polychondritis, rheumatic heart disease, neuritis, uveitis ophthalmia, polyendocrinopathies, Reiter's Disease, Stiff-Man Syndrome, autoimmune pulmonary inflammation, autism, Guillain-Barre Syndrome, insulin dependent diabetes mellitus, and autoimmune inflammatory eye disorders.

Additional disorders that are likely to have an autoimmune component that may be prevented, detected, diagnosed, prognosticated, treated and/or ameliorated with the compositions of the invention include, but are not limited to, scleroderma with anti-collagen antibodies (often characterized, e.g., by nucleolar and other nuclear antibodies), mixed connective tissue disease (often characterized, e.g., by antibodies to extractable nuclear antigens (e.g., ribonucleoprotein)), polymyositis (often characterized, e.g., by nonhistone ANA), pernicious anemia (often characterized, e.g., by antiparietal cell, microsomes, and intrinsic factor antibodies), idiopathic Addison's disease (often characterized, e.g., by humoral and cell-mediated adrenal cytotoxicity, infertility (often characterized, e.g., by antispermatozoal antibodies), glomerulonephritis (often characterized, e.g., by glomerular basement membrane antibodies or immune complexes), bullous pemphigoid (often characterized, e.g., by IgG and complement in basement membrane), Sjogren's syndrome (often characterized, e.g., by multiple tissue antibodies, and/or a specific nonhistone ANA (SS-B)), diabetes mellitus (often characterized, e.g., by cell-mediated and humoral islet cell antibodies), and adrenergic drug resistance (including adrenergic drug resistance with asthma or cystic fibrosis) (often characterized, e.g., by beta-adrenergic receptor antibodies).

Additional disorders that may have an autoimmune component that may be prevented, detected, diagnosed, prognosticated, treated and/or ameliorated with the compositions of the invention include, but are not limited to, chronic active hepatitis (often characterized, e.g., by smooth muscle antibodies), primary biliary cirrhosis (often characterized, e.g., by mitochondria antibodies), other endocrine gland failure (often characterized, e.g., by specific tissue antibodies in some cases), vitiligo (often characterized, e.g., by melanocyte antibodies), vasculitis (often characterized, e.g., by Ig and complement in vessel walls and/or low serum complement), post-MI (often characterized, e.g., by myocardial antibodies), cardiotomy syndrome (often characterized, e.g., by myocardial antibodies), urticaria (often characterized, e.g., by IgG and IgM antibodies to

IgE), atopic dermatitis (often characterized, e.g., by IgG and IgM antibodies to IgE), asthma (often characterized, e.g., by IgG and IgM antibodies to IgE), and many other inflammatory, granulomatous, degenerative, and atrophic disorders.

In a preferred embodiment, the autoimmune diseases and disorders and/or conditions associated with the diseases and disorders recited above are prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using for example, antagonists or agonists, polypeptides or polynucleotides, or antibodies of the present invention. In a specific preferred embodiment, rheumatoid arthritis is prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention.

In another specific preferred embodiment, systemic lupus erythematosus is prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention. In another specific preferred embodiment, idiopathic thrombocytopenia purpura is prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention.

In another specific preferred embodiment IgA nephropathy is prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention.

In a preferred embodiment, the autoimmune diseases and disorders and/or conditions associated with the diseases and disorders recited above are prevented, detected, diagnosed, prognosticated, treated and/or ameliorated using polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention

In preferred embodiments, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a immunosuppressive agent(s).

Polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention may be useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating diseases, disorders, and/or conditions of hematopoietic cells. Polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention could be used to increase differentiation and proliferation of hematopoietic cells, including the pluripotent stem cells, in an effort to treat or prevent those diseases, disorders, and/or conditions associated with a

decrease in certain (or many) types hematopoietic cells, including but not limited to, leukopenia, neutropenia, anemia, and thrombocytopenia. Alternatively, Polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention could be used to increase differentiation and proliferation of hematopoietic cells, including the pluripotent stem cells, in an effort to treat or prevent those diseases, disorders, and/or conditions associated with an increase in certain (or many) types of hematopoietic cells, including but not limited to, histiocytosis.

Allergic reactions and conditions, such as asthma (particularly allergic asthma) or other respiratory problems, may also be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated using polypeptides, antibodies, or polynucleotides of the invention, and/or agonists or antagonists thereof. Moreover, these molecules can be used to treat, prevent, prognose, and/or diagnose anaphylaxis, hypersensitivity to an antigenic molecule, or blood group incompatibility.

Additionally, polypeptides or polynucleotides of the invention, and/or agonists or antagonists thereof, may be used to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate IgE-mediated allergic reactions. Such allergic reactions include, but are not limited to, asthma, rhinitis, and eczema. In specific embodiments, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention may be used to modulate IgE concentrations in vitro or in vivo.

Moreover, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention have uses in the detection, prevention, diagnosis, prognostication, treatment, and/or amelioration of inflammatory conditions. For example, since polypeptides, antibodies, or polynucleotides of the invention, and/or agonists or antagonists of the invention may inhibit the activation, proliferation and/or differentiation of cells involved in an inflammatory response, these molecules can be used to prevent and/or treat chronic and acute inflammatory conditions. Such inflammatory conditions include, but are not limited to, for example, inflammation associated with infection (e.g., septic shock, sepsis, or systemic inflammatory response syndrome), ischemia-reperfusion injury, endotoxin lethality, complement-mediated hyperacute rejection, nephritis, cytokine or chemokine induced lung injury, inflammatory bowel disease, Crohn's disease, over production of cytokines (e.g., TNF or IL-1.), respiratory disorders (e.g., asthma and allergy); gastrointestinal disorders (e.g., inflammatory bowel disease); cancers (e.g., gastric, ovarian, lung, bladder, liver, and breast); CNS disorders (e.g., multiple sclerosis; ischemic brain injury and/or stroke, traumatic brain injury, neurodegenerative disorders (e.g., Parkinson's disease and

Alzheimer's disease); AIDS-related dementia; and prion disease); cardiovascular disorders (e.g., atherosclerosis, myocarditis, cardiovascular disease, and cardiopulmonary bypass complications); as well as many additional diseases, conditions, and disorders that are characterized by inflammation (e.g., hepatitis, rheumatoid arthritis, gout, trauma, pancreatitis, sarcoidosis, dermatitis, renal ischemia-reperfusion injury, Grave's disease, systemic lupus erythematosus, diabetes mellitus, and allogenic transplant rejection).

Because inflammation is a fundamental defense mechanism, inflammatory disorders can effect virtually any tissue of the body. Accordingly, polynucleotides, polypeptides, and antibodies of the invention, as well as agonists or antagonists thereof, have uses in the treatment of tissue-specific inflammatory disorders, including, but not limited to, adrenalitis, alveolitis, angiocholecystitis, appendicitis, balanitis, blepharitis, bronchitis, bursitis, carditis, cellulitis, cervicitis, cholecystitis, chorditis, cochlitis, colitis, conjunctivitis, cystitis, dermatitis, diverticulitis, encephalitis, endocarditis, esophagitis, eustachitis, fibrositis, folliculitis, gastritis, gastroenteritis, gingivitis, glossitis, hepatosplenitis, keratitis, labyrinthitis, laryngitis, lymphangitis, mastitis, media otitis, meningitis, metritis, mucitis, myocarditis, myosititis, myringitis, nephritis, neuritis, orchitis, osteochondritis, otitis, pericarditis, peritendonitis, peritonitis, pharyngitis, phlebitis, poliomyelitis, prostatitis, pulpitis, retinitis, rhinitis, salpingitis, scleritis, sclerochoroiditis, scrotitis, sinusitis, spondylitis, steatitis, stomatitis, synovitis, syringitis, tendonitis, tonsillitis, urethritis, and vaginitis.

In specific embodiments, polypeptides, antibodies, or polynucleotides of the invention, and/or agonists or antagonists thereof, are useful to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate organ transplant rejections and graft-versus-host disease. Organ rejection occurs by host immune cell destruction of the transplanted tissue through an immune response. Similarly, an immune response is also involved in GVHD, but, in this case, the foreign transplanted immune cells destroy the host tissues. Polypeptides, antibodies, or polynucleotides of the invention, and/or agonists or antagonists thereof, that inhibit an immune response, particularly the activation, proliferation, differentiation, or chemotaxis of T-cells, may be an effective therapy in preventing organ rejection or GVHD. In specific embodiments, polypeptides, antibodies, or polynucleotides of the invention, and/or agonists or antagonists thereof, that inhibit an immune response, particularly the activation, proliferation, differentiation, or chemotaxis of T-cells, may be an effective therapy in preventing experimental allergic and hyperacute xenograft rejection.

In other embodiments, polypeptides, antibodies, or polynucleotides of the invention, and/or agonists or antagonists thereof, are useful to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate immune complex diseases, including, but not limited to, serum sickness, post streptococcal glomerulonephritis, polyarteritis nodosa, and immune complex-induced vasculitis.

Polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the invention can be used to treat, detect, and/or prevent infectious agents. For example, by increasing the immune response, particularly increasing the proliferation activation and/or differentiation of B and/or T cells, infectious diseases may be treated, detected, and/or prevented. The immune response may be increased by either enhancing an existing immune response, or by initiating a new immune response. Alternatively, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention may also directly inhibit the infectious agent (refer to section of application listing infectious agents, etc), without necessarily eliciting an immune response.

In another embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a vaccine adjuvant that enhances immune responsiveness to an antigen. In a specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an adjuvant to enhance tumor-specific immune responses.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an adjuvant to enhance anti-viral immune responses. Anti-viral immune responses that may be enhanced using the compositions of the invention as an adjuvant, include virus and virus associated diseases or symptoms described herein or otherwise known in the art. In specific embodiments, the compositions of the invention are used as an adjuvant to enhance an immune response to a virus, disease, or symptom selected from the group consisting of: AIDS, meningitis, Dengue, EBV, and hepatitis (e.g., hepatitis B). In another specific embodiment, the compositions of the invention are used as an adjuvant to enhance an immune response to a virus, disease, or symptom selected from the group consisting of: HIV/AIDS, respiratory syncytial virus, Dengue, rotavirus, Japanese B encephalitis, influenza A and B, parainfluenza, measles, cytomegalovirus, rabies, Junin, Chikungunya, Rift Valley Fever, herpes simplex, and yellow fever.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an adjuvant to enhance anti-bacterial or anti-fungal immune responses. Anti-bacterial or anti-fungal immune responses that may be enhanced using the compositions of the invention as an adjuvant, include bacteria or fungus and bacteria or fungus associated diseases or symptoms described herein or otherwise known in the art. In specific embodiments, the compositions of the invention are used as an adjuvant to enhance an immune response to a bacteria or fungus, disease, or symptom selected from the group consisting of: tetanus, Diphtheria, botulism, and meningitis type B.

In another specific embodiment, the compositions of the invention are used as an adjuvant to enhance an immune response to a bacteria or fungus, disease, or symptom selected from the group consisting of: *Vibrio cholerae, Mycobacterium leprae, Salmonella typhi, Salmonella paratyphi, Meisseria meningitidis, Streptococcus pneumoniae*, Group B streptococcus, *Shigella spp.*, Enterotoxigenic *Escherichia coli,* Enterohemorrhagic *E. coli*, and *Borrelia burgdorferi*.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an adjuvant to enhance anti-parasitic immune responses. Anti-parasitic immune responses that may be enhanced using the compositions of the invention as an adjuvant, include parasite and parasite associated diseases or symptoms described herein or otherwise known in the art. In specific embodiments, the compositions of the invention are used as an adjuvant to enhance an immune response to a parasite. In another specific embodiment, the compositions of the invention are used as an adjuvant to enhance an immune response to Plasmodium (malaria) or Leishmania.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention may also be employed to treat infectious diseases including silicosis, sarcoidosis, and idiopathic pulmonary fibrosis; for example, by preventing the recruitment and activation of mononuclear phagocytes.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an antigen for the generation of antibodies to inhibit or enhance immune mediated responses against polypeptides of the invention.

In one embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are administered to an animal (e.g., mouse, rat, rabbit, hamster, guinea pig, pigs, micro-pig, chicken, camel, goat, horse, cow, sheep, dog, cat, non-human

primate, and human, most preferably human) to boost the immune system to produce increased quantities of one or more antibodies (e.g., IgG, IgA, IgM, and IgE), to induce higher affinity antibody production and immunoglobulin class switching (e.g., IgG, IgA, IgM, and IgE), and/or to increase an immune response.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a stimulator of B cell responsiveness to pathogens.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an activator of T cells.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent that elevates the immune status of an individual prior to their receipt of immunosuppressive therapies.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent to induce higher affinity antibodies.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent to increase serum immunoglobulin concentrations.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent to accelerate recovery of immunocompromised individuals.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent to boost immunoresponsiveness among aged populations and/or neonates.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an immune system enhancer prior to, during, or after bone marrow transplant and/or other transplants (e.g., allogeneic or xenogeneic organ transplantation). With respect to transplantation, compositions of the invention may be administered prior to, concomitant with, and/or after transplantation. In a specific embodiment, compositions of the invention are administered after transplantation, prior to the beginning of recovery of T-cell populations. In another specific embodiment, compositions of the invention are

first administered after transplantation after the beginning of recovery of T cell populations, but prior to full recovery of B cell populations.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent to boost immunoresponsiveness among individuals having an acquired loss of B cell function. Conditions resulting in an acquired loss of B cell function that may be ameliorated or treated by administering the polypeptides, antibodies, polynucleotides and/or agonists or antagonists thereof, include, but are not limited to, HIV Infection, AIDS, bone marrow transplant, and B cell chronic lymphocytic leukemia (CLL).

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent to boost immunoresponsiveness among individuals having a temporary immune deficiency. Conditions resulting in a temporary immune deficiency that may be ameliorated or treated by administering the polypeptides, antibodies, polynucleotides and/or agonists or antagonists thereof, include, but are not limited to, recovery from viral infections (e.g., influenza), conditions associated with malnutrition, recovery from infectious mononucleosis, or conditions associated with stress, recovery from measles, recovery from blood transfusion, and recovery from surgery.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a regulator of antigen presentation by monocytes, dendritic cells, and/or B-cells. In one embodiment, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention enhance antigen presentation or antagonizes antigen presentation in vitro or in vivo. Moreover, in related embodiments, said enhancement or antagonism of antigen presentation may be useful as an anti-tumor treatment or to modulate the immune system.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as an agent to direct an individual's immune system towards development of a humoral response (i.e. TH2) as opposed to a TH1 cellular response.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a means to induce tumor proliferation and thus make it more susceptible to anti-neoplastic agents. For example, multiple myeloma is a slowly

dividing disease and is thus refractory to virtually all anti-neoplastic regimens. If these cells were forced to proliferate more rapidly their susceptibility profile would likely change.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a stimulator of B cell production in pathologies such as AIDS, chronic lymphocyte disorder and/or Common Variable Immunodificiency.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a therapy for generation and/or regeneration of lymphoid tissues following surgery, trauma or genetic defect. In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used in the pretreatment of bone marrow samples prior to transplant.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a gene-based therapy for genetically inherited disorders resulting in immuno-incompetence/immunodeficiency such as observed among SCID patients.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a means of activating monocytes/macrophages to defend against parasitic diseases that effect monocytes such as Leishmania.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a means of regulating secreted cytokines that are elicited by polypeptides of the invention.

In another embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used in one or more of the applications decribed herein, as they may apply to veterinary medicine.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a means of blocking various aspects of immune responses to foreign agents or self. Examples of diseases or conditions in which blocking of certain aspects of immune responses may be desired include autoimmune disorders such as lupus, and arthritis, as well as immunoresponsiveness to skin allergies, inflammation, bowel disease, injury and diseases/disorders associated with pathogens.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a therapy for preventing the B cell proliferation

and Ig secretion associated with autoimmune diseases such as idiopathic thrombocytopenic purpura, systemic lupus erythematosus and multiple sclerosis.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a inhibitor of B and/or T cell migration in endothelial cells. This activity disrupts tissue architecture or cognate responses and is useful, for example in disrupting immune responses, and blocking sepsis.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a therapy for chronic hypergammaglobulinemia evident in such diseases as monoclonal gammopathy of undetermined significance (MGUS), Waldenstrom's disease, related idiopathic monoclonal gammopathies, and plasmacytomas.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention may be employed for instance to inhibit polypeptide chemotaxis and activation of macrophages and their precursors, and of neutrophils, basophils, B lymphocytes and some T-cell subsets, e.g., activated and CD8 cytotoxic T cells and natural killer cells, in certain autoimmune and chronic inflammatory and infective diseases. Examples of autoimmune diseases are described herein and include multiple sclerosis, and insulin-dependent diabetes.

The polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention may also be employed to treat idiopathic hyper-eosinophilic syndrome by, for example, preventing eosinophil production and migration.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used to enhance or inhibit complement mediated cell lysis.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used to enhance or inhibit antibody dependent cellular cytotoxicity.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention may also be employed for treating atherosclerosis, for example, by preventing monocyte infiltration in the artery wall.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention may be employed to treat adult respiratory distress syndrome (ARDS).

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention may be useful for stimulating wound and tissue repair, stimulating angiogenesis, and/or stimulating the repair of vascular or lymphatic diseases or disorders. Additionally, agonists and antagonists of the invention may be used to stimulate the regeneration of mucosal surfaces.

In a specific embodiment, polynucleotides or polypeptides, and/or agonists thereof are used to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate a disorder characterized by primary or acquired immunodeficiency, deficient serum immunoglobulin production, recurrent infections, and/or immune system dysfunction. Moreover, polynucleotides or polypeptides, and/or agonists thereof may be used to treat or prevent infections of the joints, bones, skin, and/or parotid glands, blood-borne infections (e.g., sepsis, meningitis, septic arthritis, and/or osteomyelitis), autoimmune diseases (e.g., those disclosed herein), inflammatory disorders, and malignancies, and/or any disease or disorder or condition associated with these infections, diseases, disorders and/or malignancies) including, but not limited to, CVID, other primary immune deficiencies, HIV disease, CLL, recurrent bronchitis, sinusitis, otitis media, conjunctivitis, pneumonia, hepatitis, meningitis, herpes zoster (e.g., severe herpes zoster), and/or pneumocystis carnii. Other diseases and disorders that may be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated with polynucleotides or polypeptides, and/or agonists of the present invention include, but are not limited to, HIV infection, HTLV-BLV infection, lymphopenia, phagocyte bactericidal dysfunction anemia, thrombocytopenia, and hemoglobinuria.

In another embodiment, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention are used to treat, and/or diagnose an individual having common variable immunodeficiency disease ("CVID"; also known as "acquired agammaglobulinemia" and "acquired hypogammaglobulinemia") or a subset of this disease.

In a specific embodiment, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention may be used to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate cancers or neoplasms including immune cell or immune tissue-related cancers or neoplasms. Examples of cancers or neoplasms that may be detected, prevented, diagnosed,

prognosticated, treated, and/or ameliorated by polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention include, but are not limited to, acute myelogenous leukemia, chronic myelogenous leukemia, Hodgkin's disease, non-Hodgkin's lymphoma, acute lymphocytic anemia (ALL) Chronic lymphocyte leukemia, plasmacytomas, multiple myeloma, Burkitt's lymphoma, EBV-transformed diseases, and/or diseases and disorders described in the section entitled "Hyperproliferative Disorders" elsewhere herein.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a therapy for decreasing cellular proliferation of Large B-cell Lymphomas.

In another specific embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are used as a means of decreasing the involvement of B cells and Ig associated with Chronic Myelogenous Leukemia.

In specific embodiments, the compositions of the invention are used as an agent to boost immunoresponsiveness among B cell immunodeficient individuals, such as, for example, an individual who has undergone a partial or complete splenectomy.

Antagonists of the invention include, for example, binding and/or inhibitory antibodies, antisense nucleic acids, ribozymes or soluble forms of the polypeptides of the present invention (e.g., Fc fusion protein; see, e.g., Example 9). Agonists of the invention include, for example, binding or stimulatory antibodies, and soluble forms of the polypeptides (e.g., Fc fusion proteins; see, e.g., Example 9). polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention may be employed in a composition with a pharmaceutically acceptable carrier, e.g., as described herein.

In another embodiment, polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention are administered to an animal (including, but not limited to, those listed above, and also including transgenic animals) incapable of producing functional endogenous antibody molecules or having an otherwise compromised endogenous immune system, but which is capable of producing human immunoglobulin molecules by means of a reconstituted or partially reconstituted immune system from another animal (see, e.g., published PCT Application Nos. WO98/24893, WO/9634096, WO/9633735, and WO/9110741). Administration of polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the

present invention to such animals is useful for the generation of monoclonal antibodies against the polypeptides, antibodies, polynucleotides and/or agonists or antagonists of the present invention.

Hyperproliferative Disorders

In certain embodiments, polynucleotides or polypeptides, or agonists or antagonists of the present invention can be used to treat or detect hyperproliferative disorders, including neoplasms. Polynucleotides or polypeptides, or agonists or antagonists of the present invention may inhibit the proliferation of the disorder through direct or indirect interactions. Alternatively, Polynucleotides or polypeptides, or agonists or antagonists of the present invention may proliferate other cells which can inhibit the hyperproliferative disorder.

For example, by increasing an immune response, particularly increasing antigenic qualities of the hyperproliferative disorder or by proliferating, differentiating, or mobilizing T-cells, hyperproliferative disorders can be treated. This immune response may be increased by either enhancing an existing immune response, or by initiating a new immune response. Alternatively, decreasing an immune response may also be a method of treating hyperproliferative disorders, such as a chemotherapeutic agent.

Examples of hyperproliferative disorders that can be treated or detected by polynucleotides or polypeptides, or agonists or antagonists of the present invention include, but are not limited to neoplasms located in the: colon, abdomen, bone, breast, digestive system, liver, pancreas, peritoneum, endocrine glands (adrenal, parathyroid, pituitary, testicles, ovary, thymus, thyroid), eye, head and neck, nervous (central and peripheral), lymphatic system, pelvis, skin, soft tissue, spleen, thorax, and urogenital tract.

Similarly, other hyperproliferative disorders can also be treated or detected by polynucleotides or polypeptides, or agonists or antagonists of the present invention. Examples of such hyperproliferative disorders include, but are not limited to: Acute Childhood Lymphoblastic Leukemia, Acute Lymphoblastic Leukemia, Acute Lymphocytic Leukemia, Acute Myeloid Leukemia, Adrenocortical Carcinoma, Adult (Primary) Hepatocellular Cancer, Adult (Primary) Liver Cancer, Adult Acute Lymphocytic Leukemia, Adult Acute Myeloid Leukemia, Adult Hodgkin's Disease, Adult Hodgkin's Lymphoma, Adult Lymphocytic Leukemia, Adult Non-Hodgkin's Lymphoma, Adult Primary Liver Cancer, Adult Soft Tissue Sarcoma, AIDS-Related Lymphoma, AIDS-Related Malignancies, Anal Cancer, Astrocytoma, Bile Duct Cancer, Bladder Cancer, Bone Cancer, Brain Stem Glioma, Brain Tumors, Breast Cancer, Cancer of the Renal Pelvis and Ureter, Central Nervous System (Primary) Lymphoma, Central Nervous System Lymphoma, Cerebellar Astrocytoma, Cerebral Astrocytoma, Cervical Cancer, Childhood (Primary) Hepatocellular Cancer, Childhood (Primary) Liver Cancer, Childhood Acute Lymphoblastic Leukemia, Childhood Acute Myeloid Leukemia, Childhood Brain Stem Glioma,

Childhood Cerebellar Astrocytoma, Childhood Cerebral Astrocytoma, Childhood Extracranial Germ Cell Tumors, Childhood Hodgkin's Disease, Childhood Hodgkin's Lymphoma, Childhood Hypothalamic and Visual Pathway Glioma, Childhood Lymphoblastic Leukemia, Childhood Medulloblastoma, Childhood Non-Hodgkin's Lymphoma, Childhood Pineal and Supratentorial Primitive Neuroectodermal Tumors, Childhood Primary Liver Cancer, Childhood Rhabdomyosarcoma, Childhood Soft Tissue Sarcoma, Childhood Visual Pathway and Hypothalamic Glioma, Chronic Lymphocytic Leukemia, Chronic Myelogenous Leukemia, Colon Cancer, Cutaneous T-Cell Lymphoma, Endocrine Pancreas Islet Cell Carcinoma, Endometrial Cancer, Ependymoma, Epithelial Cancer, Esophageal Cancer, Ewing's Sarcoma and Related Tumors, Exocrine Pancreatic Cancer, Extracranial Germ Cell Tumor, Extragonadal Germ Cell Tumor, Extrahepatic Bile Duct Cancer, Eye Cancer, Female Breast Cancer, Gaucher's Disease, Gallbladder Cancer, Gastric Cancer, Gastrointestinal Carcinoid Tumor, Gastrointestinal Tumors, Germ Cell Tumors, Gestational Trophoblastic Tumor, Hairy Cell Leukemia, Head and Neck Cancer, Hepatocellular Cancer, Hodgkin's Disease, Hodgkin's Lymphoma, Hypergammaglobulinemia, Hypopharyngeal Cancer, Intestinal Cancers, Intraocular Melanoma, Islet Cell Carcinoma, Islet Cell Pancreatic Cancer, Kaposi's Sarcoma, Kidney Cancer, Laryngeal Cancer, Lip and Oral Cavity Cancer, Liver Cancer, Lung Cancer, Lymphoproliferative Disorders, Macroglobulinemia, Male Breast Cancer, Malignant Mesothelioma, Malignant Thymoma, Medulloblastoma, Melanoma, Mesothelioma, Metastatic Occult Primary Squamous Neck Cancer, Metastatic Primary Squamous Neck Cancer, Metastatic Squamous Neck Cancer, Multiple Myeloma, Multiple Myeloma/Plasma Cell Neoplasm, Myelodysplastic Syndrome, Myelogenous Leukemia, Myeloid Leukemia, Myeloproliferative Disorders, Nasal Cavity and Paranasal Sinus Cancer, Nasopharyngeal Cancer, Neuroblastoma, Non-Hodgkin's Lymphoma During Pregnancy, Nonmelanoma Skin Cancer, Non-Small Cell Lung Cancer, Occult Primary Metastatic Squamous Neck Cancer, Oropharyngeal Cancer, Osteo-/Malignant Fibrous Sarcoma, Osteosarcoma/Malignant Fibrous Histiocytoma, Osteosarcoma/Malignant Fibrous Histiocytoma of Bone, Ovarian Epithelial Cancer, Ovarian Germ Cell Tumor, Ovarian Low Malignant Potential Tumor, Pancreatic Cancer, Paraproteinemias, Purpura, Parathyroid Cancer, Penile Cancer, Pheochromocytoma, Pituitary Tumor, Plasma Cell Neoplasm/Multiple Myeloma, Primary Central Nervous System Lymphoma, Primary Liver Cancer, Prostate Cancer, Rectal Cancer, Renal Cell Cancer, Renal Pelvis and Ureter Cancer, Retinoblastoma, Rhabdomyosarcoma, Salivary Gland Cancer, Sarcoidosis Sarcomas, Sezary Syndrome, Skin Cancer, Small Cell Lung Cancer, Small Intestine Cancer, Soft Tissue Sarcoma, Squamous Neck Cancer, Stomach Cancer, Supratentorial Primitive Neuroectodermal and Pineal Tumors, T-Cell Lymphoma, Testicular Cancer, Thymoma, Thyroid Cancer, Transitional Cell Cancer of the Renal Pelvis and Ureter, Transitional Renal Pelvis and Ureter Cancer, Trophoblastic Tumors, Ureter and Renal Pelvis Cell Cancer, Urethral Cancer, Uterine Cancer, Uterine Sarcoma, Vaginal Cancer, Visual Pathway and Hypothalamic Glioma,

Vulvar Cancer, Waldenstrom's Macroglobulinemia, Wilms' Tumor, and any other hyperproliferative disease, besides neoplasia, located in an organ system listed above.

In another preferred embodiment, polynucleotides or polypeptides, or agonists or antagonists of the present invention are used to detect, prevent, diagnose, prognosticate, treat, and/or ameliorate premalignant conditions and to prevent progression to a neoplastic or malignant state, including but not limited to those disorders described above. Such uses are indicated in conditions known or suspected of preceding progression to neoplasia or cancer, in particular, where non-neoplastic cell growth consisting of hyperplasia, metaplasia, or most particularly, dysplasia has occurred (for review of such abnormal growth conditions, see Robbins and Angell, 1976, Basic Pathology, 2d Ed., W. B. Saunders Co., Philadelphia, pp. 68-79.)

Hyperplasia is a form of controlled cell proliferation, involving an increase in cell number in a tissue or organ, without significant alteration in structure or function. Hyperplastic disorders which can be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated with compositions of the invention (including polynucleotides, polypeptides, agonists or antagonists) include, but are not limited to, angiofollicular mediastinal lymph node hyperplasia, angiolymphoid hyperplasia with eosinophilia, atypical melanocytic hyperplasia, basal cell hyperplasia, benign giant lymph node hyperplasia, cementum hyperplasia, congenital adrenal hyperplasia, congenital sebaceous hyperplasia, cystic hyperplasia, cystic hyperplasia of the breast, denture hyperplasia, ductal hyperplasia, endometrial hyperplasia, fibromuscular hyperplasia, focal epithelial hyperplasia, gingival hyperplasia, inflammatory fibrous hyperplasia, inflammatory papillary hyperplasia, intravascular papillary endothelial hyperplasia, nodular hyperplasia of prostate, nodular regenerative hyperplasia, pseudoepitheliomatous hyperplasia, senile sebaceous hyperplasia, and verrucous hyperplasia.

Metaplasia is a form of controlled cell growth in which one type of adult or fully differentiated cell substitutes for another type of adult cell. Metaplastic disorders which can be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated with compositions of the invention (including polynucleotides, polypeptides, agonists or antagonists) include, but are not limited to, agnogenic myeloid metaplasia, apocrine metaplasia, atypical metaplasia, autoparenchymatous metaplasia, connective tissue metaplasia, epithelial metaplasia, intestinal metaplasia, metaplastic anemia, metaplastic ossification, metaplastic polyps, myeloid metaplasia, primary myeloid metaplasia, secondary myeloid metaplasia, squamous metaplasia, squamous metaplasia of amnion, and symptomatic myeloid metaplasia.

Dysplasia is frequently a forerunner of cancer, and is found mainly in the epithelia; it is the most disorderly form of non-neoplastic cell growth, involving a loss in individual cell uniformity and in the architectural orientation of cells. Dysplastic cells often have abnormally large, deeply stained nuclei, and exhibit pleomorphism. Dysplasia characteristically occurs where there exists chronic irritation or inflammation. Dysplastic disorders which can be detected,

prevented, diagnosed, prognosticated, treated, and/or ameliorated with compositions of the invention (including polynucleotides, polypeptides, agonists or antagonists) include, but are not limited to, anhidrotic ectodermal dysplasia, anterofacial dysplasia, asphyxiating thoracic dysplasia, atriodigital dysplasia, bronchopulmonary dysplasia, cerebral dysplasia, cervical dysplasia, chondroectodermal dysplasia, cleidocranial dysplasia, congenital ectodermal dysplasia, craniodiaphysial dysplasia, craniocarpotarsal dysplasia, craniometaphysial dysplasia, dentin dysplasia, diaphysial dysplasia, ectodermal dysplasia, enamel dysplasia, encephalo-ophthalmic dysplasia, dysplasia epiphysialis hemimelia, dysplasia epiphysialis multiplex, dysplasia epiphysialis punctata, epithelial dysplasia, faciodigitogenital dysplasia, familial fibrous dysplasia of jaws, familial white folded dysplasia, fibromuscular dysplasia, fibrous dysplasia of bone, florid osseous dysplasia, hereditary renal-retinal dysplasia, hidrotic ectodermal dysplasia, hypohidrotic ectodermal dysplasia, lymphopenic thymic dysplasia, mammary dysplasia, mandibulofacial dysplasia, metaphysial dysplasia, Mondini dysplasia, monostotic fibrous dysplasia, mucoepithelial dysplasia, multiple epiphysial dysplasia, oculoauriculovertebral dysplasia, oculodentodigital dysplasia, oculovertebral dysplasia, odontogenic dysplasia, ophthalmomandibulomelic dysplasia, periapical cemental dysplasia, polyostotic fibrous dysplasia, pseudoachondroplastic spondyloepiphysial dysplasia, retinal dysplasia, septo-optic dysplasia, spondyloepiphysial dysplasia, and ventriculoradial dysplasia.

Additional pre-neoplastic disorders which can be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated with compositions of the invention (including polynucleotides, polypeptides, agonists or antagonists) include, but are not limited to, benign dysproliferative disorders (e.g., benign tumors, fibrocystic conditions, tissue hypertrophy, intestinal polyps, colon polyps, and esophageal dysplasia), leukoplakia, keratoses, Bowen's disease, Farmer's Skin, solar cheilitis, and solar keratosis.

In another embodiment, a polypeptide of the invention, or polynucleotides, antibodies, agonists, or antagonists corresponding to that polypeptide, may be used to diagnose and/or prognosticate disorders associated with the tissue(s) in which the polypeptide of the invention is expressed, including one, two, three, four, five, or more tissues disclosed in Table 1B.2, column 5 (Tissue Distribution Library Code).

In another embodiment, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention conjugated to a toxin or a radioactive isotope, as described herein, may be used to treat cancers and neoplasms, including, but not limited to those described herein. In a further preferred embodiment, polynucleotides, polypeptides, antibodies, and/or agonists or antagonists of the present invention conjugated to a toxin or a radioactive isotope, as described herein, may be used to treat acute myelogenous leukemia.

Additionally, polynucleotides, polypeptides, and/or agonists or antagonists of the invention may affect apoptosis, and therefore, would be useful in treating a number of diseases

associated with increased cell survival or the inhibition of apoptosis. For example, diseases associated with increased cell survival or the inhibition of apoptosis that could be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated by polynucleotides, polypeptides, and/or agonists or antagonists of the invention, include cancers (such as follicular lymphomas, carcinomas with p53 mutations, and hormone-dependent tumors, including, but not limited to colon cancer, cardiac tumors, pancreatic cancer, melanoma, retinoblastoma, glioblastoma, lung cancer, intestinal cancer, testicular cancer, stomach cancer, neuroblastoma, myxoma, myoma, lymphoma, endothelioma, osteoblastoma, osteoclastoma, osteosarcoma, chondrosarcoma, adenoma, breast cancer, prostate cancer, Kaposi's sarcoma and ovarian cancer); autoimmune disorders such as, multiple sclerosis, Sjogren's syndrome, Hashimoto's thyroiditis, biliary cirrhosis, Behcet's disease, Crohn's disease, polymyositis, systemic lupus erythematosus and immune-related glomerulonephritis and rheumatoid arthritis) and viral infections (such as herpes viruses, pox viruses and adenoviruses), inflammation, graft v. host disease, acute graft rejection, and chronic graft rejection.

In preferred embodiments, polynucleotides, polypeptides, and/or agonists or antagonists of the invention are used to inhibit growth, progression, and/or metastasis of cancers, in particular those listed above.

Additional diseases or conditions associated with increased cell survival that could be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated by polynucleotides, polypeptides, and/or agonists or antagonists of the invention, include, but are not limited to, progression, and/or metastases of malignancies and related disorders such as leukemia (including acute leukemias (e.g., acute lymphocytic leukemia, acute myelocytic leukemia (including myeloblastic, promyelocytic, myelomonocytic, monocytic, and erythroleukemia)) and chronic leukemias (e.g., chronic myelocytic (granulocytic) leukemia and chronic lymphocytic leukemia)), polycythemia vera, lymphomas (e.g., Hodgkin's disease and non-Hodgkin's disease), multiple myeloma, Waldenstrom's macroglobulinemia, heavy chain disease, and solid tumors including, but not limited to, sarcomas and carcinomas such as fibrosarcoma, myxosarcoma, liposarcoma, chondrosarcoma, osteogenic sarcoma, chordoma, angiosarcoma, endotheliosarcoma, lymphangiosarcoma, lymphangioendotheliosarcoma, synovioma, mesothelioma, Ewing's tumor, leiomyosarcoma, rhabdomyosarcoma, colon carcinoma, pancreatic cancer, breast cancer, ovarian cancer, prostate cancer, squamous cell carcinoma, basal cell carcinoma, adenocarcinoma, sweat gland carcinoma, sebaceous gland carcinoma, papillary carcinoma, papillary adenocarcinomas, cystadenocarcinoma, medullary carcinoma, bronchogenic carcinoma, renal cell carcinoma, hepatoma, bile duct carcinoma, choriocarcinoma, seminoma, embryonal carcinoma, Wilm's tumor, cervical cancer, testicular tumor, lung carcinoma, small cell lung carcinoma, bladder carcinoma, epithelial carcinoma, glioma, astrocytoma, medulloblastoma, craniopharyngioma, ependymoma,

pinealoma, emangioblastoma, acoustic neuroma, oligodendroglioma, menangioma, melanoma, neuroblastoma, and retinoblastoma.

Diseases associated with increased apoptosis that could be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated by polynucleotides, polypeptides, and/or agonists or antagonists of the invention, include AIDS; neurodegenerative disorders (such as Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, retinitis pigmentosa, cerebellar degeneration and brain tumor or prior associated disease); autoimmune disorders (such as, multiple sclerosis, Sjogren's syndrome, Hashimoto's thyroiditis, biliary cirrhosis, Behcet's disease, Crohn's disease, polymyositis, systemic lupus erythematosus and immune-related glomerulonephritis and rheumatoid arthritis) myelodysplastic syndromes (such as aplastic anemia), graft v. host disease, ischemic injury (such as that caused by myocardial infarction, stroke and reperfusion injury), liver injury (e.g., hepatitis related liver injury, ischemia/reperfusion injury, cholestosis (bile duct injury) and liver cancer); toxin-induced liver disease (such as that caused by alcohol), septic shock, cachexia and anorexia.

Hyperproliferative diseases and/or disorders that could be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated by polynucleotides, polypeptides, and/or agonists or antagonists of the invention, include, but are not limited to, neoplasms located in the liver, abdomen, bone, breast, digestive system, pancreas, peritoneum, endocrine glands (adrenal, parathyroid, pituitary, testicles, ovary, thymus, thyroid), eye, head and neck, nervous system (central and peripheral), lymphatic system, pelvis, skin, soft tissue, spleen, thorax, and urogenital tract.

Similarly, other hyperproliferative disorders can also be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated by polynucleotides, polypeptides, and/or agonists or antagonists of the invention. Examples of such hyperproliferative disorders include, but are not limited to: hypergammaglobulinemia, lymphoproliferative disorders, paraproteinemias, purpura, sarcoidosis, Sezary Syndrome, Waldenstron's macroglobulinemia, Gaucher's Disease, histiocytosis, and any other hyperproliferative disease, besides neoplasia, located in an organ system listed above.

Another preferred embodiment utilizes polynucleotides of the present invention to inhibit aberrant cellular division, by gene therapy using the present invention, and/or protein fusions or fragments thereof.

Thus, the present invention provides a method for treating cell proliferative disorders by inserting into an abnormally proliferating cell a polynucleotide of the present invention, wherein said polynucleotide represses said expression.

Another embodiment of the present invention provides a method of treating cell-proliferative disorders in individuals comprising administration of one or more active gene copies of the present invention to an abnormally proliferating cell or cells. In a preferred embodiment,

polynucleotides of the present invention is a DNA construct comprising a recombinant expression vector effective in expressing a DNA sequence encoding said polynucleotides. In another preferred embodiment of the present invention, the DNA construct encoding the poynucleotides of the present invention is inserted into cells to be treated utilizing a retrovirus, or more preferably an adenoviral vector (See G J. Nabel, et. al., PNAS 1999 96: 324-326, which is hereby incorporated by reference). In a most preferred embodiment, the viral vector is defective and will not transform non-proliferating cells, only proliferating cells. Moreover, in a preferred embodiment, the polynucleotides of the present invention inserted into proliferating cells either alone, or in combination with or fused to other polynucleotides, can then be modulated via an external stimulus (i.e. magnetic, specific small molecule, chemical, or drug administration, etc.), which acts upon the promoter upstream of said polynucleotides to induce expression of the encoded protein product. As such the beneficial therapeutic affect of the present invention may be expressly modulated (i.e. to increase, decrease, or inhibit expression of the present invention) based upon said external stimulus.

Polynucleotides of the present invention may be useful in repressing expression of oncogenic genes or antigens. By "repressing expression of the oncogenic genes " is intended the suppression of the transcription of the gene, the degradation of the gene transcript (pre-message RNA), the inhibition of splicing, the destruction of the messenger RNA, the prevention of the post-translational modifications of the protein, the destruction of the protein, or the inhibition of the normal function of the protein.

For local administration to abnormally proliferating cells, polynucleotides of the present invention may be administered by any method known to those of skill in the art including, but not limited to transfection, electroporation, microinjection of cells, or in vehicles such as liposomes, ~~lipofectin~~LIPOFECTIN™, or as naked polynucleotides, or any other method described throughout the specification. The polynucleotide of the present invention may be delivered by known gene delivery systems such as, but not limited to, retroviral vectors (Gilboa, J. Virology 44:845 (1982); Hocke, Nature 320:275 (1986); Wilson, et al., Proc. Natl. Acad. Sci. U.S.A. 85:3014), vaccinia virus system (Chakrabarty et al., Mol. Cell Biol. 5:3403 (1985) or other efficient DNA delivery systems (Yates et al., Nature 313:812 (1985)) known to those skilled in the art. These references are exemplary only and are hereby incorporated by reference. In order to specifically deliver or transfect cells which are abnormally proliferating and spare non-dividing cells, it is preferable to utilize a retrovirus, or adenoviral (as described in the art and elsewhere herein) delivery system known to those of skill in the art. Since host DNA replication is required for retroviral DNA to integrate and the retrovirus will be unable to self replicate due to the lack of the retrovirus genes needed for its life cycle. Utilizing such a retroviral delivery system for polynucleotides of the present invention will target said gene and constructs to abnormally proliferating cells and will spare the non-dividing normal cells.

The polynucleotides of the present invention may be delivered directly to cell proliferative disorder/disease sites in internal organs, body cavities and the like by use of imaging devices used to guide an injecting needle directly to the disease site. The polynucleotides of the present invention may also be administered to disease sites at the time of surgical intervention.

By "cell proliferative disease" is meant any human or animal disease or disorder, affecting any one or any combination of organs, cavities, or body parts, which is characterized by single or multiple local abnormal proliferations of cells, groups of cells, or tissues, whether benign or malignant.

Any amount of the polynucleotides of the present invention may be administered as long as it has a biologically inhibiting effect on the proliferation of the treated cells. Moreover, it is possible to administer more than one of the polynucleotide of the present invention simultaneously to the same site. By "biologically inhibiting" is meant partial or total growth inhibition as well as decreases in the rate of proliferation or growth of the cells. The biologically inhibitory dose may be determined by assessing the effects of the polynucleotides of the present invention on target malignant or abnormally proliferating cell growth in tissue culture, tumor growth in animals and cell cultures, or any other method known to one of ordinary skill in the art.

The present invention is further directed to antibody-based therapies which involve administering of anti-polypeptides and anti-polynucleotide antibodies to a mammalian, preferably human, patient for treating one or more of the described disorders. Methods for producing anti-polypeptides and anti-polynucleotide antibodies polyclonal and monoclonal antibodies are described in detail elsewhere herein. Such antibodies may be provided in pharmaceutically acceptable compositions as known in the art or as described herein.

A summary of the ways in which the antibodies of the present invention may be used therapeutically includes binding polynucleotides or polypeptides of the present invention locally or systemically in the body or by direct cytotoxicity of the antibody, e.g. as mediated by complement (CDC) or by effector cells (ADCC). Some of these approaches are described in more detail below. Armed with the teachings provided herein, one of ordinary skill in the art will know how to use the antibodies of the present invention for diagnosis, prognosis, monitoring, or therapeutic purposes without undue experimentation.

In particular, the antibodies, fragments and derivatives of the present invention are useful for treating a subject having or developing cell proliferative and/or differentiation disorders as described herein. Such treatment comprises administering a single or multiple doses of the antibody, or a fragment, derivative, or a conjugate thereof.

The antibodies of this invention may be advantageously utilized in combination with other monoclonal or chimeric antibodies, or with lymphokines or hematopoietic growth factors, for example., which serve to increase the number or activity of effector cells which interact with the antibodies.

It is preferred to use high affinity and/or potent *in vivo* inhibiting and/or neutralizing antibodies against polypeptides or polynucleotides of the present invention, fragments or regions thereof, for both immunoassays directed to and therapy of disorders related to polynucleotides or polypeptides, including fragements thereof, of the present invention. Such antibodies, fragments, or regions, will preferably have an affinity for polynucleotides or polypeptides, including fragements thereof. Preferred binding affinities include those with a dissociation constant or Kd less than $5X10^{-6}M$, $10^{-6}M$, $5X10^{-7}M$, $10^{-7}M$, $5X10^{-8}M$, $10^{-8}M$, $5X10^{-9}M$, $10^{-9}M$, $5X10^{-10}M$, $10^{-10}M$, $5X10^{-11}M$, $10^{-11}M$, $5X10^{-12}M$, $10^{-12}M$, $5X10^{-13}M$, $10^{-13}M$, $5X10^{-14}M$, $10^{-14}M$, $5X10^{-15}M$, and $10^{-15}M$.

Moreover, polypeptides of the present invention are useful in inhibiting the angiogenesis of proliferative cells or tissues, either alone, as a protein fusion, or in combination with other polypeptides directly or indirectly, as described elsewhere herein. In a most preferred embodiment, said anti-angiogenesis effect may be achieved indirectly, for example, through the inhibition of hematopoietic, tumor-specific cells, such as tumor-associated macrophages (See Joseph IB, et al. J Natl Cancer Inst, 90(21):1648-53 (1998), which is hereby incorporated by reference). Antibodies directed to polypeptides or polynucleotides of the present invention may also result in inhibition of angiogenesis directly, or indirectly (See Witte L, et al., Cancer Metastasis Rev. 17(2):155-61 (1998), which is hereby incorporated by reference)).

Polypeptides, including protein fusions, of the present invention, or fragments thereof may be useful in inhibiting proliferative cells or tissues through the induction of apoptosis. Said polypeptides may act either directly, or indirectly to induce apoptosis of proliferative cells and tissues, for example in the activation of a death-domain receptor, such as tumor necrosis factor (TNF) receptor-1, CD95 (Fas/APO-1), TNF-receptor-related apoptosis-mediated protein (TRAMP) and TNF-related apoptosis-inducing ligand (TRAIL) receptor-1 and -2 (See Schulze-Osthoff K, et.al., Eur J Biochem 254(3):439-59 (1998), which is hereby incorporated by reference). Moreover, in another preferred embodiment of the present invention, said polypeptides may induce apoptosis through other mechanisms, such as in the activation of other proteins which will activate apoptosis, or through stimulating the expression of said proteins, either alone or in combination with small molecule drugs or adjuviants, such as apoptonin, galectins, thioredoxins, anti-inflammatory proteins (See for example, Mutat Res 400(1-2):447-55 (1998), Med Hypotheses.50(5):423-33 (1998), Chem Biol Interact. Apr 24;111-112:23-34 (1998), J Mol Med.76(6):402-12 (1998), Int J Tissue React;20(1):3-15 (1998), which are all hereby incorporated by reference).

Polypeptides, including protein fusions to, or fragments thereof, of the present invention are useful in inhibiting the metastasis of proliferative cells or tissues. Inhibition may occur as a direct result of administering polypeptides, or antibodies directed to said polypeptides as described elsewere herein, or indirectly, such as activating the expression of proteins known to inhibit

metastasis, for example alpha 4 integrins, (See, e.g., Curr Top Microbiol Immunol 1998;231:125-41, which is hereby incorporated by reference). Such thereapeutic affects of the present invention may be achieved either alone, or in combination with small molecule drugs or adjuvants.

In another embodiment, the invention provides a method of delivering compositions containing the polypeptides of the invention (e.g., compositions containing polypeptides or polypeptide antibodes associated with heterologous polypeptides, heterologous nucleic acids, toxins, or prodrugs) to targeted cells expressing the polypeptide of the present invention. Polypeptides or polypeptide antibodes of the invention may be associated with with heterologous polypeptides, heterologous nucleic acids, toxins, or prodrugs via hydrophobic, hydrophilic, ionic and/or covalent interactions.

Polypeptides, protein fusions to, or fragments thereof, of the present invention are useful in enhancing the immunogenicity and/or antigenicity of proliferating cells or tissues, either directly, such as would occur if the polypeptides of the present invention 'vaccinated' the immune response to respond to proliferative antigens and immunogens, or indirectly, such as in activating the expression of proteins known to enhance the immune response (e.g. chemokines), to said antigens and immunogens.

Anti-Angiogenesis Activity

The naturally occurring balance between endogenous stimulators and inhibitors of angiogenesis is one in which inhibitory influences predominate. Rastinejad *et al., Cell 56*:345-355 (1989). In those rare instances in which neovascularization occurs under normal physiological conditions, such as wound healing, organ regeneration, embryonic development, and female reproductive processes, angiogenesis is stringently regulated and spatially and temporally delimited. Under conditions of pathological angiogenesis such as that characterizing solid tumor growth, these regulatory controls fail. Unregulated angiogenesis becomes pathologic and sustains progression of many neoplastic and non-neoplastic diseases. A number of serious diseases are dominated by abnormal neovascularization including solid tumor growth and metastases, arthritis, some types of eye disorders, and psoriasis. See, e.g., reviews by Moses *et al., Biotech. 9*:630-634 (1991); Folkman *et al., N. Engl. J. Med., 333*:1757-1763 (1995); Auerbach *et al., J. Microvasc. Res. 29*:401-411 (1985); Folkman, Advances in Cancer Research, eds. Klein and Weinhouse, Academic Press, New York, pp. 175-203 (1985); Patz, *Am. J. Opthalmol. 94*:715-743 (1982); and Folkman *et al.,* Science *221*:719-725 (1983). In a number of pathological conditions, the process of angiogenesis contributes to the disease state. For example, significant data have accumulated which suggest that the growth of solid tumors is dependent on angiogenesis. Folkman and Klagsbrun, *Science 235*:442-447 (1987).

The present invention provides for treatment of diseases or disorders associated with neovascularization by administration of the polynucleotides and/or polypeptides of the invention,

as well as agonists or antagonists of the present invention. Malignant and metastatic conditions which can be treated with the polynucleotides and polypeptides, or agonists or antagonists of the invention include, but are not limited to, malignancies, solid tumors, and cancers described herein and otherwise known in the art (for a review of such disorders, see Fishman *et al.,* Medicine, 2d Ed., J. B. Lippincott Co., Philadelphia (1985)).Thus, the present invention provides a method of treating an angiogenesis-related disease and/or disorder, comprising administering to an individual in need thereof a therapeutically effective amount of a polynucleotide, polypeptide, antagonist and/or agonist of the invention. For example, polynucleotides, polypeptides, antagonists and/or agonists may be utilized in a variety of additional methods in order to therapeutically treat a cancer or tumor. Cancers which may be treated with polynucleotides, polypeptides, antagonists and/or agonists include, but are not limited to solid tumors, including prostate, lung, breast, ovarian, stomach, pancreas, larynx, esophagus, testes, liver, parotid, biliary tract, colon, rectum, cervix, uterus, endometrium, kidney, bladder, thyroid cancer; primary tumors and metastases; melanomas; glioblastoma; Kaposi's sarcoma; leiomyosarcoma; non- small cell lung cancer; colorectal cancer; advanced malignancies; and blood born tumors such as leukemias. For example, polynucleotides, polypeptides, antagonists and/or agonists may be delivered topically, in order to treat cancers such as skin cancer, head and neck tumors, breast tumors, and Kaposi's sarcoma.

Within yet other aspects, polynucleotides, polypeptides, antagonists and/or agonists may be utilized to treat superficial forms of bladder cancer by, for example, intravesical administration. Polynucleotides, polypeptides, antagonists and/or agonists may be delivered directly into the tumor, or near the tumor site, via injection or a catheter. Of course, as the artisan of ordinary skill will appreciate, the appropriate mode of administration will vary according to the cancer to be treated. Other modes of delivery are discussed herein.

Polynucleotides, polypeptides, antagonists and/or agonists may be useful in treating other disorders, besides cancers, which involve angiogenesis. These disorders include, but are not limited to: benign tumors, for example hemangiomas, acoustic neuromas, neurofibromas, trachomas, and pyogenic granulomas; artheroscleric plaques; ocular angiogenic diseases, for example, diabetic retinopathy, retinopathy of prematurity, macular degeneration, corneal graft rejection, neovascular glaucoma, retrolental fibroplasia, rubeosis, retinoblastoma, uvietis and Pterygia (abnormal blood vessel growth) of the eye; rheumatoid arthritis; psoriasis; delayed wound healing; endometriosis; vasculogenesis; granulations; hypertrophic scars (keloids); nonunion fractures; scleroderma; trachoma; vascular adhesions; myocardial angiogenesis; coronary collaterals; cerebral collaterals; arteriovenous malformations; ischemic limb angiogenesis; Osler-Webber Syndrome; plaque neovascularization; telangiectasia; hemophiliac joints; angiofibroma; fibromuscular dysplasia; wound granulation; Crohn's disease; and atherosclerosis.

For example, within one aspect of the present invention methods are provided for treating hypertrophic scars and keloids, comprising the step of administering a polynucleotide,

polypeptide, antagonist and/or agonist of the invention to a hypertrophic scar or keloid.

Within one embodiment of the present invention polynucleotides, polypeptides, antagonists and/or agonists of the invention are directly injected into a hypertrophic scar or keloid, in order to prevent the progression of these lesions. This therapy is of particular value in the prophylactic treatment of conditions which are known to result in the development of hypertrophic scars and keloids (e.g., burns), and is preferably initiated after the proliferative phase has had time to progress (approximately 14 days after the initial injury), but before hypertrophic scar or keloid development. As noted above, the present invention also provides methods for treating neovascular diseases of the eye, including for example, corneal neovascularization, neovascular glaucoma, proliferative diabetic retinopathy, retrolental fibroplasia and macular degeneration.

Moreover, Ocular disorders associated with neovascularization which can be treated with the polynucleotides and polypeptides of the present invention (including agonists and/or antagonists) include, but are not limited to: neovascular glaucoma, diabetic retinopathy, retinoblastoma, retrolental fibroplasia, uveitis, retinopathy of prematurity macular degeneration, corneal graft neovascularization, as well as other eye inflammatory diseases, ocular tumors and diseases associated with choroidal or iris neovascularization. See, e.g., reviews by Waltman *et al., Am. J. Ophthal. 85*:704-710 (1978) and Gartner *et al., Surv. Ophthal. 22*:291-312 (1978).

Thus, within one aspect of the present invention methods are provided for treating neovascular diseases of the eye such as corneal neovascularization (including corneal graft neovascularization), comprising the step of administering to a patient a therapeutically effective amount of a compound (as described above) to the cornea, such that the formation of blood vessels is inhibited. Briefly, the cornea is a tissue which normally lacks blood vessels. In certain pathological conditions however, capillaries may extend into the cornea from the pericorneal vascular plexus of the limbus. When the cornea becomes vascularized, it also becomes clouded, resulting in a decline in the patient's visual acuity. Visual loss may become complete if the cornea completely opacitates. A wide variety of disorders can result in corneal neovascularization, including for example, corneal infections (e.g., trachoma, herpes simplex keratitis, leishmaniasis and onchocerciasis), immunological processes (e.g., graft rejection and Stevens-Johnson's syndrome), alkali burns, trauma, inflammation (of any cause), toxic and nutritional deficiency states, and as a complication of wearing contact lenses.

Within particularly preferred embodiments of the invention, may be prepared for topical administration in saline (combined with any of the preservatives and antimicrobial agents commonly used in ocular preparations), and administered in eyedrop form. The solution or suspension may be prepared in its pure form and administered several times daily. Alternatively, anti-angiogenic compositions, prepared as described above, may also be administered directly to the cornea. Within preferred embodiments, the anti-angiogenic composition is prepared with a muco-adhesive polymer which binds to cornea. Within further embodiments, the anti-angiogenic

factors or anti-angiogenic compositions may be utilized as an adjunct to conventional steroid therapy. Topical therapy may also be useful prophylactically in corneal lesions which are known to have a high probability of inducing an angiogenic response (such as chemical burns). In these instances the treatment, likely in combination with steroids, may be instituted immediately to help prevent subsequent complications.

Within other embodiments, the compounds described above may be injected directly into the corneal stroma by an ophthalmologist under microscopic guidance. The preferred site of injection may vary with the morphology of the individual lesion, but the goal of the administration would be to place the composition at the advancing front of the vasculature (i.e., interspersed between the blood vessels and the normal cornea). In most cases this would involve perilimbic corneal injection to "protect" the cornea from the advancing blood vessels. This method may also be utilized shortly after a corneal insult in order to prophylactically prevent corneal neovascularization. In this situation the material could be injected in the perilimbic cornea interspersed between the corneal lesion and its undesired potential limbic blood supply. Such methods may also be utilized in a similar fashion to prevent capillary invasion of transplanted corneas. In a sustained-release form injections might only be required 2-3 times per year. A steroid could also be added to the injection solution to reduce inflammation resulting from the injection itself.

Within another aspect of the present invention, methods are provided for treating neovascular glaucoma, comprising the step of administering to a patient a therapeutically effective amount of a polynucleotide, polypeptide, antagonist and/or agonist to the eye, such that the formation of blood vessels is inhibited. In one embodiment, the compound may be administered topically to the eye in order to treat early forms of neovascular glaucoma. Within other embodiments, the compound may be implanted by injection into the region of the anterior chamber angle. Within other embodiments, the compound may also be placed in any location such that the compound is continuously released into the aqueous humor. Within another aspect of the present invention, methods are provided for treating proliferative diabetic retinopathy, comprising the step of administering to a patient a therapeutically effective amount of a polynucleotide, polypeptide, antagonist and/or agonist to the eyes, such that the formation of blood vessels is inhibited.

Within particularly preferred embodiments of the invention, proliferative diabetic retinopathy may be treated by injection into the aqueous humor or the vitreous, in order to increase the local concentration of the polynucleotide, polypeptide, antagonist and/or agonist in the retina. Preferably, this treatment should be initiated prior to the acquisition of severe disease requiring photocoagulation.

Within another aspect of the present invention, methods are provided for treating retrolental fibroplasia, comprising the step of administering to a patient a therapeutically effective

amount of a polynucleotide, polypeptide, antagonist and/or agonist to the eye, such that the formation of blood vessels is inhibited. The compound may be administered topically, via intravitreous injection and/or via intraocular implants.

Additionally, disorders which can be treated with the polynucleotides, polypeptides, agonists and/or agonists include, but are not limited to, hemangioma, arthritis, psoriasis, angiofibroma, atherosclerotic plaques, delayed wound healing, granulations, hemophilic joints, hypertrophic scars, nonunion fractures, Osler-Weber syndrome, pyogenic granuloma, scleroderma, trachoma, and vascular adhesions.

Moreover, disorders and/or states, which can be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated with the the polynucleotides, polypeptides, agonists and/or agonists of the invention include, but are not limited to, solid tumors, blood born tumors such as leukemias, tumor metastasis, Kaposi's sarcoma, benign tumors, for example hemangiomas, acoustic neuromas, neurofibromas, trachomas, and pyogenic granulomas, rheumatoid arthritis, psoriasis, ocular angiogenic diseases, for example, diabetic retinopathy, retinopathy of prematurity, macular degeneration, corneal graft rejection, neovascular glaucoma, retrolental fibroplasia, rubeosis, retinoblastoma, and uvietis, delayed wound healing, endometriosis, vascluogenesis, granulations, hypertrophic scars (keloids), nonunion fractures, scleroderma, trachoma, vascular adhesions, myocardial angiogenesis, coronary collaterals, cerebral collaterals, arteriovenous malformations, ischemic limb angiogenesis, Osler-Webber Syndrome, plaque neovascularization, telangiectasia, hemophiliac joints, angiofibroma fibromuscular dysplasia, wound granulation, Crohn's disease, atherosclerosis, birth control agent by preventing vascularization required for embryo implantation controlling menstruation, diseases that have angiogenesis as a pathologic consequence such as cat scratch disease (Rochele minalia quintosa), ulcers (Helicobacter pylori), Bartonellosis and bacillary angiomatosis.

In one aspect of the birth control method, an amount of the compound sufficient to block embryo implantation is administered before or after intercourse and fertilization have occurred, thus providing an effective method of birth control, possibly a "morning after" method. Polynucleotides, polypeptides, agonists and/or agonists may also be used in controlling menstruation or administered as either a peritoneal lavage fluid or for peritoneal implantation in the treatment of endometriosis.

Polynucleotides, polypeptides, agonists and/or agonists of the present invention may be incorporated into surgical sutures in order to prevent stitch granulomas.

Polynucleotides, polypeptides, agonists and/or agonists may be utilized in a wide variety of surgical procedures. For example, within one aspect of the present invention a compositions (in the form of, for example, a spray or film) may be utilized to coat or spray an area prior to removal of a tumor, in order to isolate normal surrounding tissues from malignant tissue, and/or to prevent the spread of disease to surrounding tissues. Within other aspects of the present invention,

compositions (e.g., in the form of a spray) may be delivered via endoscopic procedures in order to coat tumors, or inhibit angiogenesis in a desired locale. Within yet other aspects of the present invention, surgical meshes which have been coated with anti- angiogenic compositions of the present invention may be utilized in any procedure wherein a surgical mesh might be utilized. For example, within one embodiment of the invention a surgical mesh laden with an anti-angiogenic composition may be utilized during abdominal cancer resection surgery (e.g., subsequent to colon resection) in order to provide support to the structure, and to release an amount of the anti-angiogenic factor.

Within further aspects of the present invention, methods are provided for treating tumor excision sites, comprising administering a polynucleotide, polypeptide, agonist and/or agonist to the resection margins of a tumor subsequent to excision, such that the local recurrence of cancer and the formation of new blood vessels at the site is inhibited. Within one embodiment of the invention, the anti-angiogenic compound is administered directly to the tumor excision site (e.g., applied by swabbing, brushing or otherwise coating the resection margins of the tumor with the anti-angiogenic compound). Alternatively, the anti-angiogenic compounds may be incorporated into known surgical pastes prior to administration. Within particularly preferred embodiments of the invention, the anti-angiogenic compounds are applied after hepatic resections for malignancy, and after neurosurgical operations.

Within one aspect of the present invention, polynucleotides, polypeptides, agonists and/or agonists may be administered to the resection margin of a wide variety of tumors, including for example, breast, colon, brain and hepatic tumors. For example, within one embodiment of the invention, anti-angiogenic compounds may be administered to the site of a neurological tumor subsequent to excision, such that the formation of new blood vessels at the site are inhibited.

The polynucleotides, polypeptides, agonists and/or agonists of the present invention may also be administered along with other anti-angiogenic factors. Representative examples of other anti-angiogenic factors include: Anti-Invasive Factor, retinoic acid and derivatives thereof, paclitaxel, Suramin, Tissue Inhibitor of Metalloproteinase-1, Tissue Inhibitor of Metalloproteinase-2, Plasminogen Activator Inhibitor-1, Plasminogen Activator Inhibitor-2, and various forms of the lighter "d group" transition metals.

Lighter "d group" transition metals include, for example, vanadium, molybdenum, tungsten, titanium, niobium, and tantalum species. Such transition metal species may form transition metal complexes. Suitable complexes of the above-mentioned transition metal species include oxo transition metal complexes.

Representative examples of vanadium complexes include oxo vanadium complexes such as vanadate and vanadyl complexes. Suitable vanadate complexes include metavanadate and orthovanadate complexes such as, for example, ammonium metavanadate, sodium metavanadate, and sodium orthovanadate. Suitable vanadyl complexes include, for example, vanadyl

acetylacetonate and vanadyl sulfate including vanadyl sulfate hydrates such as vanadyl sulfate mono- and trihydrates.

Representative examples of tungsten and molybdenum complexes also include oxo complexes. Suitable oxo tungsten complexes include tungstate and tungsten oxide complexes. Suitable tungstate complexes include ammonium tungstate, calcium tungstate, sodium tungstate dihydrate, and tungstic acid. Suitable tungsten oxides include tungsten (IV) oxide and tungsten (VI) oxide. Suitable oxo molybdenum complexes include molybdate, molybdenum oxide, and molybdenyl complexes. Suitable molybdate complexes include ammonium molybdate and its hydrates, sodium molybdate and its hydrates, and potassium molybdate and its hydrates. Suitable molybdenum oxides include molybdenum (VI) oxide, molybdenum (VI) oxide, and molybdic acid. Suitable molybdenyl complexes include, for example, molybdenyl acetylacetonate. Other suitable tungsten and molybdenum complexes include hydroxo derivatives derived from, for example, glycerol, tartaric acid, and sugars.

A wide variety of other anti-angiogenic factors may also be utilized within the context of the present invention. Representative examples include platelet factor 4; protamine sulphate; sulphated chitin derivatives (prepared from queen crab shells), (Murata et al., Cancer Res. 51:22-26, 1991); Sulphated Polysaccharide Peptidoglycan Complex (SP- PG) (the function of this compound may be enhanced by the presence of steroids such as estrogen, and tamoxifen citrate); Staurosporine; modulators of matrix metabolism, including for example, proline analogs, cishydroxyproline, d,L-3,4-dehydroproline, Thiaproline, alpha,alpha-dipyridyl, aminopropionitrile fumarate; 4-propyl-5-(4-pyridinyl)-2(3H)-oxazolone; Methotrexate; Mitoxantrone; Heparin; Interferons; 2 Macroglobulin-serum; ChIMP-3 (Pavloff et al., J. Bio. Chem. 267:17321-17326, 1992); Chymostatin (Tomkinson et al., Biochem J. 286:475-480, 1992); Cyclodextrin Tetradecasulfate; Eponemycin; Camptothecin; Fumagillin (Ingber et al., Nature 348:555-557, 1990); Gold Sodium Thiomalate ("GST"; Matsubara and Ziff, J. Clin. Invest. 79:1440-1446, 1987); anticollagenase-serum; alpha2-antiplasmin (Holmes et al., J. Biol. Chem. 262(4):1659-1664, 1987); Bisantrene (National Cancer Institute); Lobenzarit disodium (N-(2)-carboxyphenyl-4- chloroanthronilic acid disodium or "CCA"; Takeuchi et al., Agents Actions 36:312-316, 1992); Thalidomide; Angostatic steroid; AGM-1470; carboxynaminolmidazole; and metalloproteinase inhibitors such as BB94.

Diseases at the Cellular Level

Diseases associated with increased cell survival or the inhibition of apoptosis that could be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated using polynucleotides or polypeptides, as well as antagonists or agonists of the present invention, include cancers (such as follicular lymphomas, carcinomas with p53 mutations, and hormone-dependent tumors, including, but not limited to colon cancer, cardiac tumors, pancreatic cancer, melanoma,

retinoblastoma, glioblastoma, lung cancer, intestinal cancer, testicular cancer, stomach cancer, neuroblastoma, myxoma, myoma, lymphoma, endothelioma, osteoblastoma, osteoclastoma, osteosarcoma, chondrosarcoma, adenoma, breast cancer, prostate cancer, Kaposi's sarcoma and ovarian cancer); autoimmune disorders (such as, multiple sclerosis, Sjogren's syndrome, Hashimoto's thyroiditis, biliary cirrhosis, Behcet's disease, Crohn's disease, polymyositis, systemic lupus erythematosus and immune-related glomerulonephritis and rheumatoid arthritis) and viral infections (such as herpes viruses, pox viruses and adenoviruses), inflammation, graft v. host disease, acute graft rejection, and chronic graft rejection.

In preferred embodiments, polynucleotides, polypeptides, and/or antagonists of the invention are used to inhibit growth, progression, and/or metasis of cancers, in particular those listed above.

Additional diseases or conditions associated with increased cell survival that could be treated or detected by polynucleotides or polypeptides, or agonists or antagonists of the present invention include, but are not limited to, progression, and/or metastases of malignancies and related disorders such as leukemia (including acute leukemias (e.g., acute lymphocytic leukemia, acute myelocytic leukemia (including myeloblastic, promyelocytic, myelomonocytic, monocytic, and erythroleukemia)) and chronic leukemias (e.g., chronic myelocytic (granulocytic) leukemia and chronic lymphocytic leukemia)), polycythemia vera, lymphomas (e.g., Hodgkin's disease and non-Hodgkin's disease), multiple myeloma, Waldenstrom's macroglobulinemia, heavy chain disease, and solid tumors including, but not limited to, sarcomas and carcinomas such as fibrosarcoma, myxosarcoma, liposarcoma, chondrosarcoma, osteogenic sarcoma, chordoma, angiosarcoma, endotheliosarcoma, lymphangiosarcoma, lymphangioendotheliosarcoma, synovioma, mesothelioma, Ewing's tumor, leiomyosarcoma, rhabdomyosarcoma, colon carcinoma, pancreatic cancer, breast cancer, ovarian cancer, prostate cancer, squamous cell carcinoma, basal cell carcinoma, adenocarcinoma, sweat gland carcinoma, sebaceous gland carcinoma, papillary carcinoma, papillary adenocarcinomas, cystadenocarcinoma, medullary carcinoma, bronchogenic carcinoma, renal cell carcinoma, hepatoma, bile duct carcinoma, choriocarcinoma, seminoma, embryonal carcinoma, Wilm's tumor, cervical cancer, testicular tumor, lung carcinoma, small cell lung carcinoma, bladder carcinoma, epithelial carcinoma, glioma, astrocytoma, medulloblastoma, craniopharyngioma, ependymoma, pinealoma, hemangioblastoma, acoustic neuroma, oligodendroglioma, menangioma, melanoma, neuroblastoma, and retinoblastoma.

Diseases associated with increased apoptosis that could be detected, prevented, diagnosed, prognosticated, treated, and/or ameliorated using polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, include, but are not limited to, AIDS; neurodegenerative disorders (such as Alzheimer's disease, Parkinson's disease, Amyotrophic lateral sclerosis, Retinitis pigmentosa, Cerebellar degeneration and brain tumor or prior associated

disease); autoimmune disorders (such as, multiple sclerosis, Sjogren's syndrome, Hashimoto's thyroiditis, biliary cirrhosis, Behcet's disease, Crohn's disease, polymyositis, systemic lupus erythematosus and immune-related glomerulonephritis and rheumatoid arthritis) myelodysplastic syndromes (such as aplastic anemia), graft v. host disease, ischemic injury (such as that caused by myocardial infarction, stroke and reperfusion injury), liver injury (e.g., hepatitis related liver injury, ischemia/reperfusion injury, cholestosis (bile duct injury) and liver cancer); toxin-induced liver disease (such as that caused by alcohol), septic shock, cachexia and anorexia.

Wound Healing and Epithelial Cell Proliferation

In accordance with yet a further aspect of the present invention, there is provided a process for utilizing polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, for therapeutic purposes, for example, to stimulate epithelial cell proliferation and basal keratinocytes for the purpose of wound healing, and to stimulate hair follicle production and healing of dermal wounds. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, may be clinically useful in stimulating wound healing including surgical wounds, excisional wounds, deep wounds involving damage of the dermis and epidermis, eye tissue wounds, dental tissue wounds, oral cavity wounds, diabetic ulcers, dermal ulcers, cubitus ulcers, arterial ulcers, venous stasis ulcers, burns resulting from heat exposure or chemicals, and other abnormal wound healing conditions such as uremia, malnutrition, vitamin deficiencies and complications associated with systemic treatment with steroids, radiation therapy and antineoplastic drugs and antimetabolites. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to promote dermal reestablishment subsequent to dermal loss

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to increase the adherence of skin grafts to a wound bed and to stimulate re-epithelialization from the wound bed. The following are types of grafts that polynucleotides or polypeptides, agonists or antagonists of the present invention, could be used to increase adherence to a wound bed: autografts, artificial skin, allografts, autodermic graft, autoepdermic grafts, avacular grafts, Blair-Brown grafts, bone graft, brephoplastic grafts, cutis graft, delayed graft, dermic graft, epidermic graft, fascia graft, full thickness graft, heterologous graft, xenograft, homologous graft, hyperplastic graft, lamellar graft, mesh graft, mucosal graft, Ollier-Thiersch graft, omenpal graft, patch graft, pedicle graft, penetrating graft, split skin graft, thick split graft. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, can be used to promote skin strength and to improve the appearance of aged skin.

It is believed that polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, will also produce changes in hepatocyte proliferation, and epithelial cell proliferation in the lung, breast, pancreas, stomach, small intestine, and large intestine.

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could promote proliferation of epithelial cells such as sebocytes, hair follicles, hepatocytes, type II pneumocytes, mucin-producing goblet cells, and other epithelial cells and their progenitors contained within the skin, lung, liver, and gastrointestinal tract. Polynucleotides or polypeptides, agonists or antagonists of the present invention, may promote proliferation of endothelial cells, keratinocytes, and basal keratinocytes.

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could also be used to reduce the side effects of gut toxicity that result from radiation, chemotherapy treatments or viral infections. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, may have a cytoprotective effect on the small intestine mucosa. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, may also stimulate healing of mucositis (mouth ulcers) that result from chemotherapy and viral infections.

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could further be used in full regeneration of skin in full and partial thickness skin defects, including burns, (i.e., repopulation of hair follicles, sweat glands, and sebaceous glands), treatment of other skin defects such as psoriasis. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to treat epidermolysis bullosa, a defect in adherence of the epidermis to the underlying dermis which results in frequent, open and painful blisters by accelerating reepithelialization of these lesions. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could also be used to treat gastric and doudenal ulcers and help heal by scar formation of the mucosal lining and regeneration of glandular mucosa and duodenal mucosal lining more rapidly. Inflammatory bowel diseases, such as Crohn's disease and ulcerative colitis, are diseases which result in destruction of the mucosal surface of the small or large intestine, respectively. Thus, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to promote the resurfacing of the mucosal surface to aid more rapid healing and to prevent progression of inflammatory bowel disease. Treatment with polynucleotides or polypeptides, agonists or antagonists of the present invention, is expected to have a significant effect on the production of mucus throughout the gastrointestinal tract and could be used to protect the intestinal mucosa from injurious substances that are ingested or following surgery. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to treat diseases associate with the under expression.

Moreover, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to prevent and heal damage to the lungs due to various pathological states. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, which could stimulate proliferation and differentiation and promote the repair of

alveoli and brochiolar epithelium to prevent or treat acute or chronic lung damage. For example, emphysema, which results in the progressive loss of aveoli, and inhalation injuries, i.e., resulting from smoke inhalation and burns, that cause necrosis of the bronchiolar epithelium and alveoli could be effectively treated using polynucleotides or polypeptides, agonists or antagonists of the present invention. Also, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to stimulate the proliferation of and differentiation of type II pneumocytes, which may help treat or prevent disease such as hyaline membrane diseases, such as infant respiratory distress syndrome and bronchopulmonary displasia, in premature infants.

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could stimulate the proliferation and differentiation of hepatocytes and, thus, could be used to alleviate or treat liver diseases and pathologies such as fulminant liver failure caused by cirrhosis, liver damage caused by viral hepatitis and toxic substances (i.e., acetaminophen, carbon tetraholoride and other hepatotoxins known in the art).

In addition, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used treat or prevent the onset of diabetes mellitus. In patients with newly diagnosed Types I and II diabetes, where some islet cell function remains, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used to maintain the islet function so as to alleviate, delay or prevent permanent manifestation of the disease. Also, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, could be used as an auxiliary in islet cell transplantation to improve or promote islet cell function.

Regeneration

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention can be used to differentiate, proliferate, and attract cells, leading to the regeneration of tissues. (See, Science 276:59-87 (1997)). The regeneration of tissues could be used to repair, replace, or protect tissue damaged by congenital defects, trauma (wounds, burns, incisions, or ulcers), age, disease (e.g. osteoporosis, osteocarthritis, periodontal disease, liver failure), surgery, including cosmetic plastic surgery, fibrosis, reperfusion injury, or systemic cytokine damage.

Tissues that could be regenerated using the present invention include organs (e.g., pancreas, liver, intestine, kidney, skin, endothelium), muscle (smooth, skeletal or cardiac), vasculature (including vascular and lymphatics), nervous, hematopoietic, and skeletal (bone, cartilage, tendon, and ligament) tissue. Preferably, regeneration occurs without or decreased scarring. Regeneration also may include angiogenesis.

Moreover, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, may increase regeneration of tissues difficult to heal. For example, increased tendon/ligament regeneration would quicken recovery time after damage. Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention could also be used

prophylactically in an effort to avoid damage. Specific diseases that could be treated include of tendinitis, carpal tunnel syndrome, and other tendon or ligament defects. A further example of tissue regeneration of non-healing wounds includes pressure ulcers, ulcers associated with vascular insufficiency, surgical, and traumatic wounds.

Similarly, nerve and brain tissue could also be regenerated by using polynucleotides or polypeptides, as well as agonists or antagonists of the present invention, to proliferate and differentiate nerve cells. Diseases that could be treated using this method include central and peripheral nervous system diseases, neuropathies, or mechanical and traumatic disorders (e.g., spinal cord disorders, head trauma, cerebrovascular disease, and stoke). Specifically, diseases associated with peripheral nerve injuries, peripheral neuropathy (e.g., resulting from chemotherapy or other medical therapies), localized neuropathies, and central nervous system diseases (e.g., Alzheimer's disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and Shy-Drager syndrome), could all be treated using the polynucleotides or polypeptides, as well as agonists or antagonists of the present invention.

Chemotaxis

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention may have chemotaxis activity. A chemotaxic molecule attracts or mobilizes cells (e.g., monocytes, fibroblasts, neutrophils, T-cells, mast cells, eosinophils, epithelial and/or endothelial cells) to a particular site in the body, such as inflammation, infection, or site of hyperproliferation. The mobilized cells can then fight off and/or heal the particular trauma or abnormality.

Polynucleotides or polypeptides, as well as agonists or antagonists of the present invention may increase chemotaxic activity of particular cells. These chemotactic molecules can then be used to treat inflammation, infection, hyperproliferative disorders, or any immune system disorder by increasing the number of cells targeted to a particular location in the body. For example, chemotaxic molecules can be used to treat wounds and other trauma to tissues by attracting immune cells to the injured location. Chemotactic molecules of the present invention can also attract fibroblasts, which can be used to treat wounds.

It is also contemplated that polynucleotides or polypeptides, as well as agonists or antagonists of the present invention may inhibit chemotactic activity. These molecules could also be used to treat disorders. Thus, polynucleotides or polypeptides, as well as agonists or antagonists of the present invention could be used as an inhibitor of chemotaxis.

Binding Activity

A polypeptide of the present invention may be used to screen for molecules that bind to the polypeptide or for molecules to which the polypeptide binds. The binding of the polypeptide and the molecule may activate (agonist), increase, inhibit (antagonist), or decrease activity of the

polypeptide or the molecule bound. Examples of such molecules include antibodies, oligonucleotides, proteins (e.g., receptors),or small molecules.

Preferably, the molecule is closely related to the natural ligand of the polypeptide, e.g., a fragment of the ligand, or a natural substrate, a ligand, a structural or functional mimetic. (See, Coligan et al., Current Protocols in Immunology 1(2):Chapter 5 (1991)). Similarly, the molecule can be closely related to the natural receptor to which the polypeptide binds, or at least, a fragment of the receptor capable of being bound by the polypeptide (e.g., active site). In either case, the molecule can be rationally designed using known techniques.

Preferably, the screening for these molecules involves producing appropriate cells which express the polypeptide. Preferred cells include cells from mammals, yeast, Drosophila, or *E. coli*. Cells expressing the polypeptide (or cell membrane containing the expressed polypeptide) are then preferably contacted with a test compound potentially containing the molecule to observe binding, stimulation, or inhibition of activity of either the polypeptide or the molecule.

The assay may simply test binding of a candidate compound to the polypeptide, wherein binding is detected by a label, or in an assay involving competition with a labeled competitor. Further, the assay may test whether the candidate compound results in a signal generated by binding to the polypeptide.

Alternatively, the assay can be carried out using cell-free preparations, polypeptide/molecule affixed to a solid support, chemical libraries, or natural product mixtures. The assay may also simply comprise the steps of mixing a candidate compound with a solution containing a polypeptide, measuring polypeptide/molecule activity or binding, and comparing the polypeptide/molecule activity or binding to a standard.

Preferably, an ELISA assay can measure polypeptide level or activity in a sample (e.g., biological sample) using a monoclonal or polyclonal antibody. The antibody can measure polypeptide level or activity by either binding, directly or indirectly, to the polypeptide or by competing with the polypeptide for a substrate.

Additionally, the receptor to which the polypeptide of the present invention binds can be identified by numerous methods known to those of skill in the art, for example, ligand panning and FACS sorting (Coligan, et al., Current Protocols in Immun., 1(2), Chapter 5, (1991)). For example, expression cloning is employed wherein polyadenylated RNA is prepared from a cell responsive to the polypeptides, for example, NIH3T3 cells which are known to contain multiple receptors for the FGF family proteins, and SC-3 cells, and a cDNA library created from this RNA is divided into pools and used to transfect COS cells or other cells that are not responsive to the polypeptides. Transfected cells which are grown on glass slides are exposed to the polypeptide of the present invention, after they have been labeled. The polypeptides can be labeled by a variety of means including iodination or inclusion of a recognition site for a site-specific protein kinase.

Following fixation and incubation, the slides are subjected to auto-radiographic analysis. Positive pools are identified and sub-pools are prepared and re-transfected using an iterative sub-pooling and re-screening process, eventually yielding a single clones that encodes the putative receptor.

As an alternative approach for receptor identification, the labeled polypeptides can be photoaffinity linked with cell membrane or extract preparations that express the receptor molecule. Cross-linked material is resolved by PAGE analysis and exposed to X-ray film. The labeled complex containing the receptors of the polypeptides can be excised, resolved into peptide fragments, and subjected to protein microsequencing. The amino acid sequence obtained from microsequencing would be used to design a set of degenerate oligonucleotide probes to screen a cDNA library to identify the genes encoding the putative receptors.

Moreover, the techniques of gene-shuffling, motif-shuffling, exon-shuffling, and/or codon-shuffling (collectively referred to as "DNA shuffling") may be employed to modulate the activities of the polypeptide of the present invention thereby effectively generating agonists and antagonists of the polypeptide of the present invention. *See generally*, U.S. Patent Nos. 5,605,793, 5,811,238, 5,830,721, 5,834,252, and 5,837,458, and Patten, P. A., *et al., Curr. Opinion Biotechnol.* 8:724-33 (1997); Harayama, S. *Trends Biotechnol.* 16(2):76-82 (1998); Hansson, L. O., *et al., J. Mol. Biol.* 287:265-76 (1999); and Lorenzo, M. M. and Blasco, R. *Biotechniques* 24(2):308-13 (1998); each of these patents and publications are hereby incorporated by reference). In one embodiment, alteration of polynucleotides and corresponding polypeptides may be achieved by DNA shuffling. DNA shuffling involves the assembly of two or more DNA segments into a desired molecule by homologous, or site-specific, recombination. In another embodiment, polynucleotides and corresponding polypeptides may be altered by being subjected to random mutagenesis by error-prone PCR, random nucleotide insertion or other methods prior to recombination. In another embodiment, one or more components, motifs, sections, parts, domains, fragments, etc., of the polypeptide of the present invention may be recombined with one or more components, motifs, sections, parts, domains, fragments, etc. of one or more heterologous molecules. In preferred embodiments, the heterologous molecules are family members. In further preferred embodiments, the heterologous molecule is a growth factor such as, for example, platelet-derived growth factor (PDGF), insulin-like growth factor (IGF-I), transforming growth factor (TGF)-alpha, epidermal growth factor (EGF), fibroblast growth factor (FGF), TGF-beta, bone morphogenetic protein (BMP)-2, BMP-4, BMP-5, BMP-6, BMP-7, activins A and B, decapentaplegic(dpp), 60A, OP-2, dorsalin, growth differentiation factors (GDFs), nodal, MIS, inhibin-alpha, TGF-beta1, TGF-beta2, TGF-beta3, TGF-beta5, and glial-derived neurotrophic factor (GDNF).

Other preferred fragments are biologically active fragments of the polypeptide of the present invention. Biologically active fragments are those exhibiting activity similar, but not

necessarily identical, to an activity of the polypeptide of the present invention. The biological activity of the fragments may include an improved desired activity, or a decreased undesirable activity.

Additionally, this invention provides a method of screening compounds to identify those which modulate the action of the polypeptide of the present invention. An example of such an assay comprises combining a mammalian fibroblast cell, a the polypeptide of the present invention, the compound to be screened and ^{3}[H] thymidine under cell culture conditions where the fibroblast cell would normally proliferate. A control assay may be performed in the absence of the compound to be screened and compared to the amount of fibroblast proliferation in the presence of the compound to determine if the compound stimulates proliferation by determining the uptake of ^{3}[H] thymidine in each case. The amount of fibroblast cell proliferation is measured by liquid scintillation chromatography which measures the incorporation of ^{3}[H] thymidine. Both agonist and antagonist compounds may be identified by this procedure.

In another method, a mammalian cell or membrane preparation expressing a receptor for a polypeptide of the present invention is incubated with a labeled polypeptide of the present invention in the presence of the compound. The ability of the compound to enhance or block this interaction could then be measured. Alternatively, the response of a known second messenger system following interaction of a compound to be screened and the receptor is measured and the ability of the compound to bind to the receptor and elicit a second messenger response is measured to determine if the compound is a potential agonist or antagonist. Such second messenger systems include but are not limited to, cAMP guanylate cyclase, ion channels or phosphoinositide hydrolysis.

All of these above assays can be used as diagnostic or prognostic markers. The molecules discovered using these assays can be used to treat disease or to bring about a particular result in a patient (e.g., blood vessel growth) by activating or inhibiting the polypeptide/molecule. Moreover, the assays can discover agents which may inhibit or enhance the production of the polypeptides of the invention from suitably manipulated cells or tissues.

Therefore, the invention includes a method of identifying compounds which bind to a polypeptide of the invention comprising the steps of: (a) incubating a candidate binding compound with a polypeptide of the present invention; and (b) determining if binding has occurred. Moreover, the invention includes a method of identifying agonists/antagonists comprising the steps of: (a) incubating a candidate compound with a polypeptide of the present invention, (b) assaying a biological activity, and (b) determining if a biological activity of the polypeptide has been altered.

Targeted Delivery

In another embodiment, the invention provides a method of delivering compositions to targeted cells expressing a receptor for a polypeptide of the invention, or cells expressing a cell bound form of a polypeptide of the invention.

As discussed herein, polypeptides or antibodies of the invention may be associated with heterologous polypeptides, heterologous nucleic acids, toxins, or prodrugs via hydrophobic, hydrophilic, ionic and/or covalent interactions. In one embodiment, the invention provides a method for the specific delivery of compositions of the invention to cells by administering polypeptides of the invention (including antibodies) that are associated with heterologous polypeptides or nucleic acids. In one example, the invention provides a method for delivering a therapeutic protein into the targeted cell. In another example, the invention provides a method for delivering a single stranded nucleic acid (e.g., antisense or ribozymes) or double stranded nucleic acid (e.g., DNA that can integrate into the cell's genome or replicate episomally and that can be transcribed) into the targeted cell.

In another embodiment, the invention provides a method for the specific destruction of cells (e.g., the destruction of tumor cells) by administering polypeptides of the invention (e.g., polypeptides of the invention or antibodies of the invention) in association with toxins or cytotoxic prodrugs.

By "toxin" is meant compounds that bind and activate endogenous cytotoxic effector systems, radioisotopes, holotoxins, modified toxins, catalytic subunits of toxins, or any molecules or enzymes not normally present in or on the surface of a cell that under defined conditions cause the cell's death. Toxins that may be used according to the methods of the invention include, but are not limited to, radioisotopes known in the art, compounds such as, for example, antibodies (or complement fixing containing portions thereof) that bind an inherent or induced endogenous cytotoxic effector system, thymidine kinase, endonuclease, RNAse, alpha toxin, ricin, abrin, *Pseudomonas* exotoxin A, diphtheria toxin, saporin, momordin, gelonin, pokeweed antiviral protein, alpha-sarcin and cholera toxin. By "cytotoxic prodrug" is meant a non-toxic compound that is converted by an enzyme, normally present in the cell, into a cytotoxic compound. Cytotoxic prodrugs that may be used according to the methods of the invention include, but are not limited to, glutamyl derivatives of benzoic acid mustard alkylating agent, phosphate derivatives of etoposide or mitomycin C, cytosine arabinoside, daunorubisin, and phenoxyacetamide derivatives of doxorubicin.

Drug Screening

Further contemplated is the use of the polypeptides of the present invention, or the

polynucleotides encoding these polypeptides, to screen for molecules which modify the activities of the polypeptides of the present invention. Such a method would include contacting the polypeptide of the present invention with a selected compound(s) suspected of having antagonist or agonist activity, and assaying the activity of these polypeptides following binding.

This invention is particularly useful for screening therapeutic compounds by using the polypeptides of the present invention, or binding fragments thereof, in any of a variety of drug screening techniques. The polypeptide or fragment employed in such a test may be affixed to a solid support, expressed on a cell surface, free in solution, or located intracellularly. One method of drug screening utilizes eukaryotic or prokaryotic host cells which are stably transformed with recombinant nucleic acids expressing the polypeptide or fragment. Drugs are screened against such transformed cells in competitive binding assays. One may measure, for example, the formulation of complexes between the agent being tested and a polypeptide of the present invention.

Thus, the present invention provides methods of screening for drugs or any other agents which affect activities mediated by the polypeptides of the present invention. These methods comprise contacting such an agent with a polypeptide of the present invention or a fragment thereof and assaying for the presence of a complex between the agent and the polypeptide or a fragment thereof, by methods well known in the art. In such a competitive binding assay, the agents to screen are typically labeled. Following incubation, free agent is separated from that present in bound form, and the amount of free or uncomplexed label is a measure of the ability of a particular agent to bind to the polypeptides of the present invention.

Another technique for drug screening provides high throughput screening for compounds having suitable binding affinity to the polypeptides of the present invention, and is described in great detail in European Patent Application 84/03564, published on September 13, 1984, which is incorporated herein by reference herein. Briefly stated, large numbers of different small peptide test compounds are synthesized on a solid substrate, such as plastic pins or some other surface. The peptide test compounds are reacted with polypeptides of the present invention and washed. Bound polypeptides are then detected by methods well known in the art. Purified polypeptides are coated directly onto plates for use in the aforementioned drug screening techniques. In addition, non-neutralizing antibodies may be used to capture the peptide and immobilize it on the solid support.

This invention also contemplates the use of competitive drug screening assays in which neutralizing antibodies capable of binding polypeptides of the present invention specifically compete with a test compound for binding to the polypeptides or fragments thereof. In this manner, the antibodies are used to detect the presence of any peptide which shares one or more antigenic epitopes with a polypeptide of the invention.

Antisense And Ribozyme (Antagonists)

In specific embodiments, antagonists according to the present invention are nucleic acids corresponding to the sequences contained in SEQ ID NO:X, or the complementary strand thereof, and/or to cDNA sequences contained in cDNA ATCCATCC™ Deposit No:Z identified for example, in Table 1A and/or 1B. In one embodiment, antisense sequence is generated internally, by the organism, in another embodiment, the antisense sequence is separately administered (see, for example, O'Connor, J., Neurochem. 56:560 (1991). Oligodeoxynucleotides as Antisense Inhibitors of Gene Expression, CRC Press, Boca Raton, FL (1988). Antisense technology can be used to control gene expression through antisense DNA or RNA, or through triple-helix formation. Antisense techniques are discussed for example, in Okano, J., Neurochem. 56:560 (1991); Oligodeoxynucleotides as Antisense Inhibitors of Gene Expression, CRC Press, Boca Raton, FL (1988). Triple helix formation is discussed in, for instance, Lee et al., Nucleic Acids Research 6:3073 (1979); Cooney et al., Science 241:456 (1988); and Dervan et al., Science 251:1300 (1991). The methods are based on binding of a polynucleotide to a complementary DNA or RNA.

For example, the use of c-myc and c-myb antisense RNA constructs to inhibit the growth of the non-lymphocytic leukemia cell line HL-60 and other cell lines was previously described. (Wickstrom et al. (1988); Anfossi et al. (1989)). These experiments were performed in vitro by incubating cells with the oligoribonucleotide. A similar procedure for *in vivo* use is described in WO 91/15580. Briefly, a pair of oligonucleotides for a given antisense RNA is produced as follows: A sequence complimentary to the first 15 bases of the open reading frame is flanked by an EcoR1 site on the 5 end and a HindIII site on the 3 end. Next, the pair of oligonucleotides is heated at 90°C for one minute and then annealed in 2X ligation buffer (20mM TRIS HCl pH 7.5, 10mM MgCl2, 10MM dithiothreitol (DTT) and 0.2 mM ATP) and then ligated to the EcoR1/Hind III site of the retroviral vector PMV7 (WO 91/15580).

For example, the 5' coding portion of a polynucleotide that encodes the polypeptide of the present invention may be used to design an antisense RNA oligonucleotide of from about 10 to 40 base pairs in length. A DNA oligonucleotide is designed to be complementary to a region of the gene involved in transcription thereby preventing transcription and the production of the receptor. The antisense RNA oligonucleotide hybridizes to the mRNA *in vivo* and blocks translation of the mRNA molecule into receptor polypeptide.

In one embodiment, the antisense nucleic acid of the invention is produced intracellularly by transcription from an exogenous sequence. For example, a vector or a portion thereof, is transcribed, producing an antisense nucleic acid (RNA) of the invention. Such a vector would contain a sequence encoding the antisense nucleic acid. Such a vector can remain episomal or become chromosomally integrated, as long as it can be transcribed to produce the desired antisense RNA. Such vectors can be constructed by recombinant DNA technology methods standard in the art. Vectors can be plasmid, viral, or others known in the art, used for replication and expression

in vertebrate cells. Expression of the sequence encoding the polypeptide of the present invention or fragments thereof, can be by any promoter known in the art to act in vertebrate, preferably human cells. Such promoters can be inducible or constitutive. Such promoters include, but are not limited to, the SV40 early promoter region (Bernoist and Chambon, Nature 29:304-310 (1981), the promoter contained in the 3' long terminal repeat of Rous sarcoma virus (Yamamoto et al., Cell 22:787-797 (1980), the herpes thymidine promoter (Wagner et al., Proc. Natl. Acad. Sci. U.S.A. 78:1441-1445 (1981), the regulatory sequences of the metallothionein gene (Brinster, et al., Nature 296:39-42 (1982)), etc.

The antisense nucleic acids of the invention comprise a sequence complementary to at least a portion of an RNA transcript of a gene of the present invention. However, absolute complementarity, although preferred, is not required. A sequence "complementary to at least a portion of an RNA," referred to herein, means a sequence having sufficient complementarity to be able to hybridize with the RNA, forming a stable duplex; in the case of double stranded antisense nucleic acids, a single strand of the duplex DNA may thus be tested, or triplex formation may be assayed. The ability to hybridize will depend on both the degree of complementarity and the length of the antisense nucleic acid. Generally, the larger the hybridizing nucleic acid, the more base mismatches with a RNA it may contain and still form a stable duplex (or triplex as the case may be). One skilled in the art can ascertain a tolerable degree of mismatch by use of standard procedures to determine the melting point of the hybridized complex.

Oligonucleotides that are complementary to the 5' end of the message, e.g., the 5' untranslated sequence up to and including the AUG initiation codon, should work most efficiently at inhibiting translation. However, sequences complementary to the 3' untranslated sequences of mRNAs have been shown to be effective at inhibiting translation of mRNAs as well. See generally, Wagner, R., 1994, Nature 372:333-335. Thus, oligonucleotides complementary to either the 5'- or 3'- non- translated, non-coding regions of polynucleotide sequences described herein could be used in an antisense approach to inhibit translation of endogenous mRNA. Oligonucleotides complementary to the 5' untranslated region of the mRNA should include the complement of the AUG start codon. Antisense oligonucleotides complementary to mRNA coding regions are less efficient inhibitors of translation but could be used in accordance with the invention. Whether designed to hybridize to the 5'-, 3'- or coding region of mRNA of the present invention, antisense nucleic acids should be at least six nucleotides in length, and are preferably oligonucleotides ranging from 6 to about 50 nucleotides in length. In specific aspects the oligonucleotide is at least 10 nucleotides, at least 17 nucleotides, at least 25 nucleotides or at least 50 nucleotides.

The polynucleotides of the invention can be DNA or RNA or chimeric mixtures or derivatives or modified versions thereof, single-stranded or double-stranded. The oligonucleotide can be modified at the base moiety, sugar moiety, or phosphate backbone, for example, to improve

stability of the molecule, hybridization, etc. The oligonucleotide may include other appended groups such as peptides (e.g., for targeting host cell receptors *in vivo*), or agents facilitating transport across the cell membrane (see, e.g., Letsinger et al., 1989, Proc. Natl. Acad. Sci. U.S.A. 86:6553-6556; Lemaitre et al., 1987, Proc. Natl. Acad. Sci. 84:648-652; PCT Publication No. WO88/09810, published December 15, 1988) or the blood-brain barrier (see, e.g., PCT Publication No. WO89/10134, published April 25, 1988), hybridization-triggered cleavage agents. (See, e.g., Krol et al., 1988, BioTechniques 6:958-976) or intercalating agents. (See, e.g., Zon, 1988, Pharm. Res. 5:539-549). To this end, the oligonucleotide may be conjugated to another molecule, e.g., a peptide, hybridization triggered cross-linking agent, transport agent, hybridization-triggered cleavage agent, etc.

The antisense oligonucleotide may comprise at least one modified base moiety which is selected from the group including, but not limited to, 5-fluorouracil, 5-bromouracil, 5-chlorouracil, 5-iodouracil, hypoxanthine, xantine, 4-acetylcytosine, 5-(carboxyhydroxylmethyl) uracil, 5-carboxymethylaminomethyl-2-thiouridine, 5-carboxymethylaminomethyluracil, dihydrouracil, beta-D-galactosylqueosine, inosine, N6-isopentenyladenine, 1-methylguanine, 1-methylinosine, 2,2-dimethylguanine, 2-methyladenine, 2-methylguanine, 3-methylcytosine, 5-methylcytosine, N6-adenine, 7-methylguanine, 5-methylaminomethyluracil, 5-methoxyaminomethyl-2-thiouracil, beta-D-mannosylqueosine, 5'-methoxycarboxymethyluracil, 5-methoxyuracil, 2-methylthio-N6-isopentenyladenine, uracil-5-oxyacetic acid (v), wybutoxosine, pseudouracil, queosine, 2-thiocytosine, 5-methyl-2-thiouracil, 2-thiouracil, 4-thiouracil, 5-methyluracil, uracil-5-oxyacetic acid methylester, uracil-5-oxyacetic acid (v), 5-methyl-2-thiouracil, 3-(3-amino-3-N-2-carboxypropyl) uracil, (acp3)w, and 2,6-diaminopurine.

The antisense oligonucleotide may also comprise at least one modified sugar moiety selected from the group including, but not limited to, arabinose, 2-fluoroarabinose, xylulose, and hexose.

In yet another embodiment, the antisense oligonucleotide comprises at least one modified phosphate backbone selected from the group including, but not limited to, a phosphorothioate, a phosphorodithioate, a phosphoramidothioate, a phosphoramidate, a phosphordiamidate, a methylphosphonate, an alkyl phosphotriester, and a formacetal or analog thereof.

In yet another embodiment, the antisense oligonucleotide is an a-anomeric oligonucleotide. An a-anomeric oligonucleotide forms specific double-stranded hybrids with complementary RNA in which, contrary to the usual b-units, the strands run parallel to each other (Gautier et al., 1987, Nucl. Acids Res. 15:6625-6641). The oligonucleotide is a 2'-0-methylribonucleotide (Inoue et al., 1987, Nucl. Acids Res. 15:6131-6148), or a chimeric RNA-DNA analogue (Inoue et al., 1987, FEBS Lett. 215:327-330).

Polynucleotides of the invention may be synthesized by standard methods known in the art, e.g. by use of an automated DNA synthesizer (such as are commercially available from

Biosearch, Applied Biosystems, etc.). As examples, phosphorothioate oligonucleotides may be synthesized by the method of Stein et al. (1988, Nucl. Acids Res. 16:3209), methylphosphonate oligonucleotides can be prepared by use of controlled pore glass polymer supports (Sarin et al., 1988, Proc. Natl. Acad. Sci. U.S.A. 85:7448-7451), etc.

While antisense nucleotides complementary to the coding region sequence could be used, those complementary to the transcribed untranslated region are most preferred.

Potential antagonists according to the invention also include catalytic RNA, or a ribozyme (See, e.g., PCT International Publication WO 90/11364, published October 4, 1990; Sarver et al, Science 247:1222-1225 (1990). While ribozymes that cleave mRNA at site specific recognition sequences can be used to destroy mRNAs, the use of hammerhead ribozymes is preferred. Hammerhead ribozymes cleave mRNAs at locations dictated by flanking regions that form complementary base pairs with the target mRNA. The sole requirement is that the target mRNA have the following sequence of two bases: 5'-UG-3'. The construction and production of hammerhead ribozymes is well known in the art and is described more fully in Haseloff and Gerlach, Nature 334:585-591 (1988). There are numerous potential hammerhead ribozyme cleavage sites within the nucleotide sequence of SEQ ID NO:X. Preferably, the ribozyme is engineered so that the cleavage recognition site is located near the 5' end of the mRNA; i.e., to increase efficiency and minimize the intracellular accumulation of non-functional mRNA transcripts.

As in the antisense approach, the ribozymes of the invention can be composed of modified oligonucleotides (e.g., for improved stability, targeting, etc.) and should be delivered to cells which express *in vivo*. DNA constructs encoding the ribozyme may be introduced into the cell in the same manner as described above for the introduction of antisense encoding DNA. A preferred method of delivery involves using a DNA construct "encoding" the ribozyme under the control of a strong constitutive promoter, such as, for example, pol III or pol II promoter, so that transfected cells will produce sufficient quantities of the ribozyme to destroy endogenous messages and inhibit translation. Since ribozymes unlike antisense molecules, are catalytic, a lower intracellular concentration is required for efficiency.

Antagonist/agonist compounds may be employed to inhibit the cell growth and proliferation effects of the polypeptides of the present invention on neoplastic cells and tissues, i.e. stimulation of angiogenesis of tumors, and, therefore, retard or prevent abnormal cellular growth and proliferation, for example, in tumor formation or growth.

The antagonist/agonist may also be employed to prevent hyper-vascular diseases, and prevent the proliferation of epithelial lens cells after extracapsular cataract surgery. Prevention of the mitogenic activity of the polypeptides of the present invention may also be desirous in cases such as restenosis after balloon angioplasty.

The antagonist/agonist may also be employed to prevent the growth of scar tissue during wound healing.

The antagonist/agonist may also be employed to treat the diseases described herein.

Thus, the invention provides a method of treating disorders or diseases, including but not limited to the disorders or diseases listed throughout this application, associated with overexpression of a polynucleotide of the present invention by administering to a patient (a) an antisense molecule directed to the polynucleotide of the present invention, and/or (b) a ribozyme directed to the polynucleotide of the present invention.

Binding Peptides and Other Molecules

The invention also encompasses screening methods for identifying polypeptides and nonpolypeptides that bind polypeptides of the invention, and the binding molecules identified thereby. These binding molecules are useful, for example, as agonists and antagonists of the polypeptides of the invention. Such agonists and antagonists can be used, in accordance with the invention, in the therapeutic embodiments described in detail, below.

This method comprises the steps of:

contacting polypeptides of the invention with a plurality of molecules; and

identifying a molecule that binds the polypeptides of the invention.

The step of contacting the polypeptides of the invention with the plurality of molecules may be effected in a number of ways. For example, one may contemplate immobilizing the polypeptides on a solid support and bringing a solution of the plurality of molecules in contact with the immobilized polypeptides. Such a procedure would be akin to an affinity chromatographic process, with the affinity matrix being comprised of the immobilized polypeptides of the invention. The molecules having a selective affinity for the polypeptides can then be purified by affinity selection. The nature of the solid support, process for attachment of the polypeptides to the solid support, solvent, and conditions of the affinity isolation or selection are largely conventional and well known to those of ordinary skill in the art.

Alternatively, one may also separate a plurality of polypeptides into substantially separate fractions comprising a subset of or individual polypeptides. For instance, one can separate the plurality of polypeptides by gel electrophoresis, column chromatography, or like method known to those of ordinary skill for the separation of polypeptides. The individual polypeptides can also be produced by a transformed host cell in such a way as to be expressed on or about its outer surface (e.g., a recombinant phage). Individual isolates can then be "probed" by the polypeptides of the invention, optionally in the presence of an inducer should one be required for expression, to determine if any selective affinity interaction takes place between the polypeptides and the individual clone. Prior to contacting the polypeptides with each fraction comprising individual polypeptides, the polypeptides could first be transferred to a solid support for additional

convenience. Such a solid support may simply be a piece of filter membrane, such as one made of nitrocellulose or nylon. In this manner, positive clones could be identified from a collection of transformed host cells of an expression library, which harbor a DNA construct encoding a polypeptide having a selective affinity for polypeptides of the invention. Furthermore, the amino acid sequence of the polypeptide having a selective affinity for the polypeptides of the invention can be determined directly by conventional means or the coding sequence of the DNA encoding the polypeptide can frequently be determined more conveniently. The primary sequence can then be deduced from the corresponding DNA sequence. If the amino acid sequence is to be determined from the polypeptide itself, one may use microsequencing techniques. The sequencing technique may include mass spectroscopy.

In certain situations, it may be desirable to wash away any unbound polypeptides from a mixture of the polypeptides of the invention and the plurality of polypeptides prior to attempting to determine or to detect the presence of a selective affinity interaction. Such a wash step may be particularly desirable when the polypeptides of the invention or the plurality of polypeptides are bound to a solid support.

The plurality of molecules provided according to this method may be provided by way of diversity libraries, such as random or combinatorial peptide or nonpeptide libraries which can be screened for molecules that specifically bind polypeptides of the invention. Many libraries are known in the art that can be used, e.g., chemically synthesized libraries, recombinant (e.g., phage display libraries), and in vitro translation-based libraries. Examples of chemically synthesized libraries are described in Fodor et al., 1991, Science 251:767-773; Houghten et al., 1991, Nature 354:84-86; Lam et al., 1991, Nature 354:82-84; Medynski, 1994, Bio/Technology 12:709-710;Gallop et al., 1994, J. Medicinal Chemistry 37(9):1233-1251; Ohlmeyer et al., 1993, Proc. Natl. Acad. Sci. USA 90:10922-10926; Erb et al., 1994, Proc. Natl. Acad. Sci. USA 91:11422-11426; Houghten et al., 1992, Biotechniques 13:412; Jayawickreme et al., 1994, Proc. Natl. Acad. Sci. USA 91:1614-1618; Salmon et al., 1993, Proc. Natl. Acad. Sci. USA 90:11708-11712; PCT Publication No. WO 93/20242; and Brenner and Lerner, 1992, Proc. Natl. Acad. Sci. USA 89:5381-5383.

Examples of phage display libraries are described in Scott and Smith, 1990, Science 249:386-390; Devlin et al., 1990, Science, 249:404-406; Christian, R. B., et al., 1992, J. Mol. Biol. 227:711-718); Lenstra, 1992, J. Immunol. Meth. 152:149-157; Kay et al., 1993, Gene 128:59-65; and PCT Publication No. WO 94/18318 dated Aug. 18, 1994.

In vitro translation-based libraries include but are not limited to those described in PCT Publication No. WO 91/05058 dated Apr. 18, 1991; and Mattheakis et al., 1994, Proc. Natl. Acad. Sci. USA 91:9022-9026.

By way of examples of nonpeptide libraries, a benzodiazepine library (see e.g., Bunin et al., 1994, Proc. Natl. Acad. Sci. USA 91:4708-4712) can be adapted for use. Peptoid libraries

(Simon et al., 1992, Proc. Natl. Acad. Sci. USA 89:9367-9371) can also be used. Another example of a library that can be used, in which the amide functionalities in peptides have been permethylated to generate a chemically transformed combinatorial library, is described by Ostresh et al. (1994, Proc. Natl. Acad. Sci. USA 91:11138-11142).

The variety of non-peptide libraries that are useful in the present invention is great. For example, Ecker and Crooke, 1995, Bio/Technology 13:351-360 list benzodiazepines, hydantoins, piperazinediones, biphenyls, sugar analogs, beta-mercaptoketones, arylacetic acids, acylpiperidines, benzopyrans, cubanes, xanthines, aminimides, and oxazolones as among the chemical species that form the basis of various libraries.

Non-peptide libraries can be classified broadly into two types: decorated monomers and oligomers. Decorated monomer libraries employ a relatively simple scaffold structure upon which a variety functional groups is added. Often the scaffold will be a molecule with a known useful pharmacological activity. For example, the scaffold might be the benzodiazepine structure.

Non-peptide oligomer libraries utilize a large number of monomers that are assembled together in ways that create new shapes that depend on the order of the monomers. Among the monomer units that have been used are carbamates, pyrrolinones, and morpholinos. Peptoids, peptide-like oligomers in which the side chain is attached to the alpha amino group rather than the alpha carbon, form the basis of another version of non-peptide oligomer libraries. The first non-peptide oligomer libraries utilized a single type of monomer and thus contained a repeating backbone. Recent libraries have utilized more than one monomer, giving the libraries added flexibility.

Screening the libraries can be accomplished by any of a variety of commonly known methods. See, e.g., the following references, which disclose screening of peptide libraries: Parmley and Smith, 1989, Adv. Exp. Med. Biol. 251:215-218; Scott and Smith, 1990, Science 249:386-390; Fowlkes et al., 1992; BioTechniques 13:422-427; Oldenburg et al., 1992, Proc. Natl. Acad. Sci. USA 89:5393-5397; Yu et al., 1994, Cell 76:933-945; Staudt et al., 1988, Science 241:577-580; Bock et al., 1992, Nature 355:564-566; Tuerk et al., 1992, Proc. Natl. Acad. Sci. USA 89:6988-6992; Ellington et al., 1992, Nature 355:850-852; U.S. Pat. No. 5,096,815, U.S. Pat. No. 5,223,409, and U.S. Pat. No. 5,198,346, all to Ladner et al.; Rebar and Pabo, 1993, Science 263:671-673; and CT Publication No. WO 94/18318.

In a specific embodiment, screening to identify a molecule that binds polypeptides of the invention can be carried out by contacting the library members with polypeptides of the invention immobilized on a solid phase and harvesting those library members that bind to the polypeptides of the invention. Examples of such screening methods, termed "panning" techniques are described by way of example in Parmley and Smith, 1988, Gene 73:305-318; Fowlkes et al., 1992, BioTechniques 13:422-427; PCT Publication No. WO 94/18318; and in references cited herein.

In another embodiment, the two-hybrid system for selecting interacting proteins in yeast

(Fields and Song, 1989, Nature 340:245-246; Chien et al., 1991, Proc. Natl. Acad. Sci. USA 88:9578-9582) can be used to identify molecules that specifically bind to polypeptides of the invention.

Where the binding molecule is a polypeptide, the polypeptide can be conveniently selected from any peptide library, including random peptide libraries, combinatorial peptide libraries, or biased peptide libraries. The term "biased" is used herein to mean that the method of generating the library is manipulated so as to restrict one or more parameters that govern the diversity of the resulting collection of molecules, in this case peptides.

Thus, a truly random peptide library would generate a collection of peptides in which the probability of finding a particular amino acid at a given position of the peptide is the same for all 20 amino acids. A bias can be introduced into the library, however, by specifying, for example, that a lysine occur every fifth amino acid or that positions 4, 8, and 9 of a decapeptide library be fixed to include only arginine. Clearly, many types of biases can be contemplated, and the present invention is not restricted to any particular bias. Furthermore, the present invention contemplates specific types of peptide libraries, such as phage displayed peptide libraries and those that utilize a DNA construct comprising a lambda phage vector with a DNA insert.

As mentioned above, in the case of a binding molecule that is a polypeptide, the polypeptide may have about 6 to less than about 60 amino acid residues, preferably about 6 to about 10 amino acid residues, and most preferably, about 6 to about 22 amino acids. In another embodiment, a binding polypeptide has in the range of 15-100 amino acids, or 20-50 amino acids.

The selected binding polypeptide can be obtained by chemical synthesis or recombinant expression.

Other Activities

A polypeptide, polynucleotide, agonist, or antagonist of the present invention, as a result of the ability to stimulate vascular endothelial cell growth, may be employed in treatment for stimulating re-vascularization of ischemic tissues due to various disease conditions such as thrombosis, arteriosclerosis, and other cardiovascular conditions. The polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be employed to stimulate angiogenesis and limb regeneration, as discussed above.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be employed for treating wounds due to injuries, burns, post-operative tissue repair, and ulcers since they are mitogenic to various cells of different origins, such as fibroblast cells and skeletal muscle cells, and therefore, facilitate the repair or replacement of damaged or diseased tissue.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be employed stimulate neuronal growth and to treat and prevent neuronal damage which occurs in certain neuronal disorders or neuro-degenerative conditions such as Alzheimer's disease,

Parkinson's disease, and AIDS-related complex. A polypeptide, polynucleotide, agonist, or antagonist of the present invention may have the ability to stimulate chondrocyte growth, therefore, they may be employed to enhance bone and periodontal regeneration and aid in tissue transplants or bone grafts.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may be also be employed to prevent skin aging due to sunburn by stimulating keratinocyte growth.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be employed for preventing hair loss, since FGF family members activate hair-forming cells and promotes melanocyte growth. Along the same lines, a polypeptide, polynucleotide, agonist, or antagonist of the present invention may be employed to stimulate growth and differentiation of hematopoietic cells and bone marrow cells when used in combination with other cytokines.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be employed to maintain organs before transplantation or for supporting cell culture of primary tissues. A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be employed for inducing tissue of mesodermal origin to differentiate in early embryos.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also increase or decrease the differentiation or proliferation of embryonic stem cells, besides, as discussed above, hematopoietic lineage.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be used to modulate mammalian characteristics, such as body height, weight, hair color, eye color, skin, percentage of adipose tissue, pigmentation, size, and shape (e.g., cosmetic surgery). Similarly, a polypeptide, polynucleotide, agonist, or antagonist of the present invention may be used to modulate mammalian metabolism affecting catabolism, anabolism, processing, utilization, and storage of energy.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may be used to change a mammal's mental state or physical state by influencing biorhythms, caricadic rhythms, depression (including depressive disorders), tendency for violence, tolerance for pain, reproductive capabilities (preferably by Activin or Inhibin-like activity), hormonal or endocrine levels, appetite, libido, memory, stress, or other cognitive qualities.

A polypeptide, polynucleotide, agonist, or antagonist of the present invention may also be used as a food additive or preservative, such as to increase or decrease storage capabilities, fat content, lipid, protein, carbohydrate, vitamins, minerals, cofactors or other nutritional components.

The above-recited applications have uses in a wide variety of hosts. Such hosts include, but are not limited to, human, murine, rabbit, goat, guinea pig, camel, horse, mouse, rat, hamster, pig, micro-pig, chicken, goat, cow, sheep, dog, cat, non-human primate, and human. In specific embodiments, the host is a mouse, rabbit, goat, guinea pig, chicken, rat, hamster, pig, sheep, dog

or cat. In preferred embodiments, the host is a mammal. In most preferred embodiments, the host is a human.

Other Preferred Embodiments

Other preferred embodiments of the claimed invention include an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to a sequence of at least about 50 contiguous nucleotides in the nucleotide sequence of SEQ ID NO:X or the complementary strand thereto, the nucleotide sequence as defined in Table 1B or columns 8 and 9 of Table 2 or the complementary strand thereto, and/or cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is a nucleic acid molecule wherein said sequence of contiguous nucleotides is included in the nucleotide sequence of the portion of SEQ ID NO:X as defined in column 5, "ORF (From-To)", in Table 1B.1.

Also preferred is a nucleic acid molecule wherein said sequence of contiguous nucleotides is included in the nucleotide sequence of the portion of SEQ ID NO:X as defined in columns 8 and 9, "NT From" and "NT To" respectively, in Table 2.

Also preferred is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to a sequence of at least about 150 contiguous nucleotides in the nucleotide sequence of SEQ ID NO:X or the complementary strand thereto, the nucleotide sequence as defined in Table 1B or columns 8 and 9 of Table 2 or the complementary strand thereto, and/or cDNA contained in ATCCATCC™ Deposit No:Z.

Further preferred is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to a sequence of at least about 500 contiguous nucleotides in the nucleotide sequence of SEQ ID NO:X or the complementary strand thereto, the nucleotide sequence as defined in Table 1B or columns 8 and 9 of Table 2 or the complementary strand thereto, and/or cDNA contained in ATCCATCC™ Deposit No:Z.

A further preferred embodiment is a nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to the nucleotide sequence of the portion of SEQ ID NO:X defined in column 5, "ORF (From-To)", in Table 1B.1.

A further preferred embodiment is a nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to the nucleotide sequence of the portion of SEQ ID NO:X defined in columns 8 and 9, "NT From" and "NT To", respectively, in Table 2.

A further preferred embodiment is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to the complete nucleotide sequence of SEQ ID NO:X or the complementary strand thereto, the nucleotide sequence as defined in column 5 of Table 1B.1 or columns 8 and 9 of Table 2 or the complementary strand thereto, and/or cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated nucleic acid molecule which hybridizes under stringent hybridization conditions to a nucleic acid molecule comprising a nucleotide sequence of SEQ ID NO:X or the complementary strand thereto, the nucleotide sequence as defined in column 5 of Table 1B.1 or columns 8 and 9 of Table 2 or the complementary strand thereto, and/or cDNA contained in ATCCATCC™ Deposit No:Z, wherein said nucleic acid molecule which hybridizes does not hybridize under stringent hybridization conditions to a nucleic acid molecule having a nucleotide sequence consisting of only A residues or of only T residues.

Also preferred is a composition of matter comprising a DNA molecule which comprises the cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to a sequence of at least 50 contiguous nucleotides of the cDNA sequence contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated nucleic acid molecule, wherein said sequence of at least 50 contiguous nucleotides is included in the nucleotide sequence of an open reading frame sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to sequence of at least 150 contiguous nucleotides in the nucleotide sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

A further preferred embodiment is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to sequence of at least 500 contiguous nucleotides in the nucleotide sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

A further preferred embodiment is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to the complete nucleotide sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

A further preferred embodiment is a method for detecting in a biological sample a nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to a sequence of at least 50 contiguous nucleotides in a sequence selected from the group consisting of: a nucleotide sequence of SEQ ID NO:X or the complementary strand thereto; the nucleotide sequence as defined in column 5 of Table 1B.1 or columns 8 and 9 of Table 2 or the complementary strand thereto; and a nucleotide sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z; which method comprises a step of comparing a nucleotide sequence of at least one nucleic acid molecule in said sample with a sequence selected from said group and determining whether the sequence of said nucleic acid molecule in said sample is at least 95% identical to said selected sequence.

Also preferred is the above method wherein said step of comparing sequences comprises determining the extent of nucleic acid hybridization between nucleic acid molecules in said sample

and a nucleic acid molecule comprising said sequence selected from said group. Similarly, also preferred is the above method wherein said step of comparing sequences is performed by comparing the nucleotide sequence determined from a nucleic acid molecule in said sample with said sequence selected from said group. The nucleic acid molecules can comprise DNA molecules or RNA molecules.

A further preferred embodiment is a method for identifying the species, tissue or cell type of a biological sample which method comprises a step of detecting nucleic acid molecules in said sample, if any, comprising a nucleotide sequence that is at least 95% identical to a sequence of at least 50 contiguous nucleotides in a sequence selected from the group consisting of: a nucleotide sequence of SEQ ID NO:X or the complementary strand thereto; the nucleotide sequence as defined in column 5 of Table 1B.1 or columns 8 and 9 of Table 2 or the complementary strand thereto; and a nucleotide sequence of the cDNA contained in ATCCATCC™ Deposit No:Z.

The method for identifying the species, tissue or cell type of a biological sample can comprise a step of detecting nucleic acid molecules comprising a nucleotide sequence in a panel of at least two nucleotide sequences, wherein at least one sequence in said panel is at least 95% identical to a sequence of at least 50 contiguous nucleotides in a sequence selected from said group.

Also preferred is a method for diagnosing in a subject a pathological condition associated with abnormal structure or expression of a nucleotide sequence of SEQ ID NO:X or the complementary strand thereto; the nucleotide sequence as defined in column 5 of Table 1B.1 or columns 8 and 9 of Table 2 or the complementary strand thereto; or the cDNA contained in ATCCATCC™ Deposit No:Z which encodes a protein, wherein the method comprises a step of detecting in a biological sample obtained from said subject nucleic acid molecules, if any, comprising a nucleotide sequence that is at least 95% identical to a sequence of at least 50 contiguous nucleotides in a sequence selected from the group consisting of: a nucleotide sequence of SEQ ID NO:X or the complementary strand thereto; the nucleotide sequence as defined in column 5 of Table 1B.1 or columns 8 and 9 of Table 2 or the complementary strand thereto; and a nucleotide sequence of cDNA contained in ATCCATCC™ Deposit No:Z.

The method for diagnosing a pathological condition can comprise a step of detecting nucleic acid molecules comprising a nucleotide sequence in a panel of at least two nucleotide sequences, wherein at least one sequence in said panel is at least 95% identical to a sequence of at least 50 contiguous nucleotides in a sequence selected from said group.

Also preferred is a composition of matter comprising isolated nucleic acid molecules wherein the nucleotide sequences of said nucleic acid molecules comprise a panel of at least two nucleotide sequences, wherein at least one sequence in said panel is at least 95% identical to a sequence of at least 50 contiguous nucleotides in a sequence selected from the group consisting of: a nucleotide sequence of SEQ ID NO:X or the complementary strand thereto; the nucleotide

sequence as defined in column 5 of Table 1B.1 or columns 8 and 9 of Table 2 or the complementary strand thereto; and a nucleotide sequence encoded by cDNA contained in ATCCATCC™ Deposit No:Z. The nucleic acid molecules can comprise DNA molecules or RNA molecules.

Also preferred is a composition of matter comprising isolated nucleic acid molecules wherein the nucleotide sequences of said nucleic acid molecules comprise a DNA microarray or "chip" of at least 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 25, 30, 40, 50, 100, 150, 200, 250, 300, 500, 1000, 2000, 3000, or 4000 nucleotide sequences, wherein at least one sequence in said DNA microarray or "chip" is at least 95% identical to a sequence of at least 50 contiguous nucleotides in a sequence selected from the group consisting of: a nucleotide sequence of SEQ ID NO:X wherein X is any integer as defined in Table 1A and/or 1B; and a nucleotide sequence encoded by a human cDNA clone identified by a cDNA "Clone ID" in Table 1A and/or 1B.

Also preferred is an isolated polypeptide comprising an amino acid sequence at least 90% identical to a sequence of at least about 10 contiguous amino acids in the polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and/or a polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated polypeptide comprising an amino acid sequence at least 95% identical to a sequence of at least about 30 contiguous amino acids in the amino acid sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and/or a polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

Further preferred is an isolated polypeptide comprising an amino acid sequence at least 95% identical to a sequence of at least about 100 contiguous amino acids in the amino acid sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and/or a polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

Further preferred is an isolated polypeptide comprising an amino acid sequence at least 95% identical to the complete amino acid sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and/or a polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

Further preferred is an isolated polypeptide comprising an amino acid sequence at least 90% identical to a sequence of at least about 10 contiguous amino acids in the complete amino acid sequence of a polypeptide encoded by contained in ATCCATCC™ Deposit No:Z

Also preferred is a polypeptide wherein said sequence of contiguous amino acids is included in the amino acid sequence of a portion of said polypeptide encoded by cDNA contained

in ATCCATCC™ Deposit No:Z; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and/or the polypeptide sequence of SEQ ID NO:Y.

Also preferred is an isolated polypeptide comprising an amino acid sequence at least 95% identical to a sequence of at least about 30 contiguous amino acids in the amino acid sequence of a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated polypeptide comprising an amino acid sequence at least 95% identical to a sequence of at least about 100 contiguous amino acids in the amino acid sequence of a polypeptide encoded by cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated polypeptide comprising an amino acid sequence at least 95% identical to the amino acid sequence of a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

Further preferred is an isolated antibody which binds specifically to a polypeptide comprising an amino acid sequence that is at least 90% identical to a sequence of at least 10 contiguous amino acids in a sequence selected from the group consisting of: a polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

Further preferred is a method for detecting in a biological sample a polypeptide comprising an amino acid sequence which is at least 90% identical to a sequence of at least 10 contiguous amino acids in a sequence selected from the group consisting of: a polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z; which method comprises a step of comparing an amino acid sequence of at least one polypeptide molecule in said sample with a sequence selected from said group and determining whether the sequence of said polypeptide molecule in said sample is at least 90% identical to said sequence of at least 10 contiguous amino acids.

Also preferred is the above method wherein said step of comparing an amino acid sequence of at least one polypeptide molecule in said sample with a sequence selected from said group comprises determining the extent of specific binding of polypeptides in said sample to an antibody which binds specifically to a polypeptide comprising an amino acid sequence that is at least 90% identical to a sequence of at least 10 contiguous amino acids in a sequence selected from the group consisting of: a polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is the above method wherein said step of comparing sequences is performed by comparing the amino acid sequence determined from a polypeptide molecule in said sample with said sequence selected from said group.

Also preferred is a method for identifying the species, tissue or cell type of a biological sample which method comprises a step of detecting polypeptide molecules in said sample, if any, comprising an amino acid sequence that is at least 90% identical to a sequence of at least 10 contiguous amino acids in a sequence selected from the group consisting of: polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is the above method for identifying the species, tissue or cell type of a biological sample, which method comprises a step of detecting polypeptide molecules comprising an amino acid sequence in a panel of at least two amino acid sequences, wherein at least one sequence in said panel is at least 90% identical to a sequence of at least 10 contiguous amino acids in a sequence selected from the above group.

Also preferred is a method for diagnosing in a subject a pathological condition associated with abnormal structure or expression of a nucleic acid sequence identified in Table 1A, 1B or Table 2 encoding a polypeptide, which method comprises a step of detecting in a biological sample obtained from said subject polypeptide molecules comprising an amino acid sequence in a panel of at least two amino acid sequences, wherein at least one sequence in said panel is at least 90% identical to a sequence of at least 10 contiguous amino acids in a sequence selected from the group consisting of: polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

In any of these methods, the step of detecting said polypeptide molecules includes using an antibody.

Also preferred is an isolated nucleic acid molecule comprising a nucleotide sequence which is at least 95% identical to a nucleotide sequence encoding a polypeptide wherein said polypeptide comprises an amino acid sequence that is at least 90% identical to a sequence of at least 10 contiguous amino acids in a sequence selected from the group consisting of: polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

Also preferred is an isolated nucleic acid molecule, wherein said nucleotide sequence encoding a polypeptide has been optimized for expression of said polypeptide in a prokaryotic host.

Also preferred is a polypeptide molecule, wherein said polypeptide comprises an amino acid sequence selected from the group consisting of: polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z.

Further preferred is a method of making a recombinant vector comprising inserting any of the above isolated nucleic acid molecule into a vector. Also preferred is the recombinant vector produced by this method. Also preferred is a method of making a recombinant host cell comprising introducing the vector into a host cell, as well as the recombinant host cell produced by this method.

Also preferred is a method of making an isolated polypeptide comprising culturing this recombinant host cell under conditions such that said polypeptide is expressed and recovering said polypeptide. Also preferred is this method of making an isolated polypeptide, wherein said recombinant host cell is a eukaryotic cell and said polypeptide is a human protein comprising an amino acid sequence selected from the group consisting of: polypeptide sequence of SEQ ID NO:Y; a polypeptide encoded by SEQ ID NO:X or the complementary strand thereto; the polypeptide encoded by the nucleotide sequence as defined in columns 8 and 9 of Table 2; and a polypeptide encoded by the cDNA contained in ATCCATCC™ Deposit No:Z. The isolated polypeptide produced by this method is also preferred.

Also preferred is a method of treatment of an individual in need of an increased level of a protein activity, which method comprises administering to such an individual a Therapeutic comprising an amount of an isolated polypeptide, polynucleotide, immunogenic fragment or analogue thereof, binding agent, antibody, or antigen binding fragment of the claimed invention effective to increase the level of said protein activity in said individual.

Also preferred is a method of treatment of an individual in need of a decreased level of a protein activity, which method comprised administering to such an individual a Therapeutic comprising an amount of an isolated polypeptide, polynucleotide, immunogenic fragment or analogue thereof, binding agent, antibody, or antigen binding fragment of the claimed invention effective to decrease the level of said protein activity in said individual.

Also preferred is a method of treatment of an individual in need of a specific delivery of toxic compositions to diseased cells (e.g., tumors, leukemias or lymphomas), which method comprises administering to such an individual a Therapeutic comprising an amount of an isolated polypeptide of the invention, including, but not limited to a binding agent, or antibody of the claimed invention that are associated with toxin or cytotoxic prodrugs.

Having generally described the invention, the same will be more readily understood by reference to the following examples, which are provided by way of illustration and are not intended as limiting.

Description of Table 6

Table 6 summarizes some of the ATCCATCC™ Deposits, Deposit dates, and ATCCATCC™ designation numbers of deposits made with the ATCCATCC™ in connection with the present application. These deposits were made in addition to those described in the Table 1A.

Table 6

ATCCATCC™ Deposits	Deposit Date	ATCCATCC™ Designation Number
LP01, LP02, LP03, LP04, LP05, LP06, LP07, LP08, LP09, LP10, LP11,	May-20-97	209059, 209060, 209061, 209062, 209063, 209064, 209065, 209066, 209067, 209068, 209069
LP12	Jan-12-98	209579
LP13	Jan-12-98	209578
LP14	Jul-16-98	203067
LP15	Jul-16-98	203068
LP16	Feb-1-99	203609
LP17	Feb-1-99	203610
LP20	Nov-17-98	203485
LP21	Jun-18-99	PTA-252
LP22	Jun-18-99	PTA-253
LP23	Dec-22-99	PTA-1081

Examples

Example 1: Isolation of a Selected cDNA Clone From the Deposited Sample

Each ~~ATCC~~ATCC™ Deposit No:Z is contained in a plasmid vector. Table 7 identifies the vectors used to construct the cDNA library from which each clone was isolated. In many cases, the vector used to construct the library is a phage vector from which a plasmid has been excised. The following correlates the related plasmid for each phage vector used in constructing the cDNA library. For example, where a particular clone is identified in Table 7 as being isolated in the vector "Lambda Zap," the corresponding deposited clone is in "~~pBluescript~~pBLUESCRIPT™."

Vector Used to Construct Library	Corresponding Deposited Plasmid
Lambda Zap	~~pBluescript~~pBLUESCRIPT™ (pBS)
Uni-Zap XR	~~pBluescript~~pBLUESCRIPT™ (pBS)
Zap Express	pBK
lafmid BA	plafmid BA
pSport1	pSport1
pCMVSport 2.0	pCMVSport 2.0
pCMVSport 3.0	pCMVSport 3.0
pCR®2.1	pCR®2.1

Vectors Lambda Zap (U.S. Patent Nos. 5,128,256 and 5,286,636), Uni-Zap XR (U.S. Patent Nos. 5,128, 256 and 5,286,636), Zap Express (U.S. Patent Nos. 5,128,256 and 5,286,636), ~~pBluescript~~pBLUESCRIPT™ (pBS) (Short, J. M. et al., Nucleic Acids Res. 16:7583-7600 (1988); Alting-Mees, M. A. and Short, J. M., Nucleic Acids Res. 17:9494 (1989)) and pBK (Alting-Mees, M. A. et al., Strategies 5:58-61 (1992)) are commercially available from ~~Stratagene~~STRATAGENE™ Cloning Systems, Inc., 11011 N. Torrey Pines Road, La Jolla, CA, 92037. pBS contains an ampicillin resistance gene and pBK contains a neomycin resistance gene. Both can be transformed into E. coli strain XL-1 Blue, also available from ~~Stratagene~~STRATAGENE™. pBS comes in 4 forms SK+, SK-, KS+ and KS. The S and K refers to the orientation of the polylinker to the T7 and T3 primer sequences which flank the polylinker region ("S" is for SacI and "K" is for KpnI which are the first sites on each respective end of the linker). "+" or "-" refer to the orientation of the f1 origin of replication ("ori"), such that in one orientation, single stranded rescue initiated from the f1 ori generates sense strand DNA and in the other, antisense.

Vectors pSport1, pCMVSport 2.0 and pCMVSport 3.0, were obtained from LIFE TECHNOLOGIES™~~Life Technologies~~, Inc., P. O. Box 6009, Gaithersburg, MD 20897. All Sport vectors contain an ampicillin resistance gene and may be transformed into E. coli strain DH10B,

also available from ~~Life Technologies~~LIFE TECHNOLOGIES™. (See, for instance, Gruber, C. E., et al., Focus 15:59 (1993)). Vector lafmid BA (Bento Soares, Columbia University, NY) contains an ampicillin resistance gene and can be transformed into E. coli strain XL-1 Blue. Vector pCR®2.1, which is available from Invitrogen, 1600 Faraday Avenue, Carlsbad, CA 92008, contains an ampicillin resistance gene and may be transformed into E. coli strain DH10B, available from ~~Life Technologies~~LIFE TECHNOLOGIES™. (See, for instance, Clark, J. M., Nuc. Acids Res. 16:9677-9686 (1988) and Mead, D. et al., Bio/Technology 9: (1991)). Preferably, a polynucleotide of the present invention does not comprise the phage vector sequences identified for the particular clone in Table 7, as well as the corresponding plasmid vector sequences designated above.

The deposited material in the sample assigned the ~~ATCC~~ATCC™ Deposit Number cited by reference to Table 1A, Table 2, Table 6 and Table 7 for any given cDNA clone also may contain one or more additional plasmids, each comprising a cDNA clone different from that given clone. Thus, deposits sharing the same ~~ATCC~~ATCC™ Deposit Number contain at least a plasmid for each ~~ATCC~~ATCC™ Deposit No:Z.

TABLE 7

Libraries owned by Catalog	Catalog Description	Vector	~~ATCC~~ATCC™ Deposit
HUKA HUKB HUKC HUKD HUKE HUKF HUKG	Human Uterine Cancer	Lambda ZAP II	LP01
HCNA HCNB	Human Colon	Lambda Zap II	LP01
HFFA	Human Fetal Brain, random primed	Lambda Zap II	LP01
HTWA	Resting T-Cell	Lambda ZAP II	LP01
HBQA	Early Stage Human Brain, random primed	Lambda ZAP II	LP01
HLMB HLMF HLMG HLMH HLMI HLMJ HLMM HLMN	breast lymph node CDNA library	Lambda ZAP II	LP01
HCQA HCQB	human colon cancer	Lamda ZAP II	LP01
HMEA HMEC HMED HMEE HMEF HMEG HMEI HMEJ HMEK HMEL	Human Microvascular Endothelial Cells, fract. A	Lambda ZAP II	LP01
HUSA HUSC	Human Umbilical Vein Endothelial Cells, fract. A	Lambda ZAP II	LP01
HLQA HLQB	Hepatocellular Tumor	Lambda ZAP II	LP01
HHGA HHGB HHGC HHGD	Hemangiopericytoma	Lambda ZAP II	LP01
HSDM	Human Striatum Depression, re-rescue	Lambda ZAP II	LP01
HUSH	H Umbilical Vein Endothelial Cells, frac A, re-excision	Lambda ZAP II	LP01
HSGS	Salivary gland, subtracted	Lambda ZAP II	LP01
HFXA HFXB HFXC HFXD HFXE HFXF HFXG HFXH	Brain frontal cortex	Lambda ZAP II	LP01
HPQA HPQB HPQC	PERM TF274	Lambda ZAP II	LP01

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HFXJ HFXK	Brain Frontal Cortex, re-excision	Lambda ZAP II	LP01
HCWA HCWB HCWC HCWD HCWE HCWF HCWG HCWH HCWI HCWJ HCWK	CD34 positive cells (Cord Blood)	ZAP Express	LP02
HCUA HCUB HCUC	CD34 depleted Buffy Coat (Cord Blood)	ZAP Express	LP02
HRSM	A-14 cell line	ZAP Express	LP02
HRSA	A1-CELL LINE	ZAP Express	LP02
HCUD HCUE HCUF HCUG HCUH HCUI	CD34 depleted Buffy Coat (Cord Blood), re-excision	ZAP Express	LP02
HBXE HBXF HBXG	H. Whole Brain #2, re-excision	ZAP Express	LP02
HRLM	L8 cell line	ZAP Express	LP02
HBXA HBXB HBXC HBXD	Human Whole Brain #2 - Oligo dT > 1.5Kb	ZAP Express	LP02
HUDA HUDB HUDC	Testes	ZAP Express	LP02
HHTM HHTN HHTO	H. hypothalamus, frac A;re-excision	ZAP Express	LP02
HHTL	H. hypothalamus, frac A	ZAP Express	LP02
HASA HASD	Human Adult Spleen	Uni-ZAP XR	LP03
HFKC HFKD HFKE HFKF HFKG	Human Fetal Kidney	Uni-ZAP XR	LP03
HE8A HE8B HE8C HE8D HE8E HE8F HE8M HE8N	Human 8 Week Whole Embryo	Uni-ZAP XR	LP03
HGBA HGBD HGBE HGBF HGBG HGBH HGBI	Human Gall Bladder	Uni-ZAP XR	LP03
HLHA HLHB HLHC HLHD HLHE HLHF HLHG HLHH HLHQ	Human Fetal Lung III	Uni-ZAP XR	LP03
HPMA HPMB HPMC HPMD HPME HPMF HPMG HPMH	Human Placenta	Uni-ZAP XR	LP03
HPRA HPRB HPRC HPRD	Human Prostate	Uni-ZAP XR	LP03
HSIA HSIC HSID HSIE	Human Adult Small Intestine	Uni-ZAP XR	LP03
HTEA HTEB HTEC HTED HTEE HTEF HTEG HTEH HTEI HTEJ HTEK	Human Testes	Uni-ZAP XR	LP03
HTPA HTPB HTPC HTPD HTPE	Human Pancreas Tumor	Uni-ZAP XR	LP03
HTTA HTTB HTTC HTTD HTTE HTTF	Human Testes Tumor	Uni-ZAP XR	LP03
HAPA HAPB HAPC HAPM	Human Adult Pulmonary	Uni-ZAP XR	LP03
HETA HETB HETC HETD HETE HETF HETG HETH HETI	Human Endometrial Tumor	Uni-ZAP XR	LP03
HHFB HHFC HHFD HHFE HHFF HHFG HHFH HHFI	Human Fetal Heart	Uni-ZAP XR	LP03
HHPB HHPC HHPD HHPE HHPF HHPG HHPH	Human Hippocampus	Uni-ZAP XR	LP03
HCE1 HCE2 HCE3 HCE4 HCE5 HCEB HCEC HCED HCEE HCEF HCEG	Human Cerebellum	Uni-ZAP XR	LP03

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HUVB HUVC HUVD HUVE	Human Umbilical Vein, Endo. remake	Uni-ZAP XR	LP03
HSTA HSTB HSTC HSTD	Human Skin Tumor	Uni-ZAP XR	LP03
HTAA HTAB HTAC HTAD HTAE	Human Activated T-Cells	Uni-ZAP XR	LP03
HFEA HFEB HFEC	Human Fetal Epithelium (Skin)	Uni-ZAP XR	LP03
HJPA HJPB HJPC HJPD	HUMAN JURKAT MEMBRANE BOUND POLYSOMES	Uni-ZAP XR	LP03
HESA	Human epithelioid sarcoma	Uni-Zap XR	LP03
HLTA HLTB HLTC HLTD HLTE HLTF	Human T-Cell Lymphoma	Uni-ZAP XR	LP03
HFTA HFTB HFTC HFTD	Human Fetal Dura Mater	Uni-ZAP XR	LP03
HRDA HRDB HRDC HRDD HRDE HRDF	Human Rhabdomyosarcoma	Uni-ZAP XR	LP03
HCAA HCAB HCAC	Cem cells cyclohexamide treated	Uni-ZAP XR	LP03
HRGA HRGB HRGC HRGD	Raji Cells, cyclohexamide treated	Uni-ZAP XR	LP03
HSUA HSUB HSUC HSUM	Supt Cells, cyclohexamide treated	Uni-ZAP XR	LP03
HT4A HT4C HT4D	Activated T-Cells, 12 hrs.	Uni-ZAP XR	LP03
HE9A HE9B HE9C HE9D HE9E HE9F HE9G HE9H HE9M HE9N	Nine Week Old Early Stage Human	Uni-ZAP XR	LP03
HATA HATB HATC HATD HATE	Human Adrenal Gland Tumor	Uni-ZAP XR	LP03
HT5A	Activated T-Cells, 24 hrs.	Uni-ZAP XR	LP03
HFGA HFGM	Human Fetal Brain	Uni-ZAP XR	LP03
HNEA HNEB HNEC HNED HNEE	Human Neutrophil	Uni-ZAP XR	LP03
HBGB HBGD	Human Primary Breast Cancer	Uni-ZAP XR	LP03
HBNA HBNB	Human Normal Breast	Uni-ZAP XR	LP03
HCAS	Cem Cells, cyclohexamide treated, subtra	Uni-ZAP XR	LP03
HHPS	Human Hippocampus, subtracted	pBS	LP03
HKCS HKCU	Human Colon Cancer, subtracted	pBS	LP03
HRGS	Raji cells, cyclohexamide treated, subtracted	pBS	LP03
HSUT	Supt cells, cyclohexamide treated, differentially expressed	pBS	LP03
HT4S	Activated T-Cells, 12 hrs, subtracted	Uni-ZAP XR	LP03
HCDA HCDB HCDC HCDD HCDE	Human Chondrosarcoma	Uni-ZAP XR	LP03
HOAA HOAB HOAC	Human Osteosarcoma	Uni-ZAP XR	LP03
HTLA HTLB HTLC HTLD HTLE HTLF	Human adult testis, large inserts	Uni-ZAP XR	LP03

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HLMA HLMC HLMD	Breast Lymph node cDNA library	Uni-ZAP XR	LP03
H6EA H6EB H6EC	HL-60, PMA 4H	Uni-ZAP XR	LP03
HTXA HTXB HTXC HTXD HTXE HTXF HTXG HTXH	Activated T-Cell (12hs)/Thiouridine labelledEco	Uni-ZAP XR	LP03
HNFA HNFB HNFC HNFD HNFE HNFF HNFG HNFH HNFJ	Human Neutrophil, Activated	Uni-ZAP XR	LP03
HTOB HTOC	HUMAN TONSILS, FRACTION 2	Uni-ZAP XR	LP03
HMGB	Human OB MG63 control fraction I	Uni-ZAP XR	LP03
HOPB	Human OB HOS control fraction I	Uni-ZAP XR	LP03
HORB	Human OB HOS treated (10 nM E2) fraction I	Uni-ZAP XR	LP03
HSVA HSVB HSVC	Human Chronic Synovitis	Uni-ZAP XR	LP03
HROA	HUMAN STOMACH	Uni-ZAP XR	LP03
HBJA HBJB HBJC HBJD HBJE HBJF HBJG HBJH HBJI HBJJ HBJK	HUMAN B CELL LYMPHOMA	Uni-ZAP XR	LP03
HCRA HCRB HCRC	human corpus colosum	Uni-ZAP XR	LP03
HODA HODB HODC HODD	human ovarian cancer	Uni-ZAP XR	LP03
HDSA	Dermatofibrosarcoma Protuberance	Uni-ZAP XR	LP03
HMWA HMWB HMWC HMWD HMWE HMWF HMWG HMWH HMWI HMWJ	Bone Marrow Cell Line (RS4;11)	Uni-ZAP XR	LP03
HSOA	stomach cancer (human)	Uni-ZAP XR	LP03
HERA	SKIN	Uni-ZAP XR	LP03
HMDA	Brain-medulloblastoma	Uni-ZAP XR	LP03
HGLA HGLB HGLD	Glioblastoma	Uni-ZAP XR	LP03
HEAA	H. Atrophic Endometrium	Uni-ZAP XR	LP03
HBCA HBCB	H. Lymph node breast Cancer	Uni-ZAP XR	LP03
HPWT	Human Prostate BPH, re-excision	Uni-ZAP XR	LP03
HFVG HFVH HFVI	Fetal Liver, subtraction II	pBS	LP03
HNFI	Human Neutrophils, Activated, re-excision	pBS	LP03
HBMB HBMC HBMD	Human Bone Marrow, re-excision	pBS	LP03
HKML HKMM HKMN	H. Kidney Medulla, re-excision	pBS	LP03
HKIX HKIY	H. Kidney Cortex, subtracted	pBS	LP03
HADT	H. Amygdala Depression, subtracted	pBS	LP03
H6AS	Hl-60, untreated, subtracted	Uni-ZAP XR	LP03
H6ES	HL-60, PMA 4H, subtracted	Uni-ZAP XR	LP03
H6BS	HL-60, RA 4h, Subtracted	Uni-ZAP XR	LP03
H6CS	HL-60, PMA 1d, subtracted	Uni-ZAP XR	LP03

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HTXJ HTXK	Activated T-cell(12h)/Thiouridine-re-excision	Uni-ZAP XR	LP03
HMSA HMSB HMSC HMSD HMSE HMSF HMSG HMSH HMSI HMSJ HMSK	Monocyte activated	Uni-ZAP XR	LP03
HAGA HAGB HAGC HAGD HAGE HAGF	Human Amygdala	Uni-ZAP XR	LP03
HSRA HSRB HSRE	STROMAL - OSTEOCLASTOMA	Uni-ZAP XR	LP03
HSRD HSRF HSRG HSRH	Human Osteoclastoma Stromal Cells - unamplified	Uni-ZAP XR	LP03
HSQA HSQB HSQC HSQD HSQE HSQF HSQG	Stromal cell TF274	Uni-ZAP XR	LP03
HSKA HSKB HSKC HSKD HSKE HSKF HSKZ	Smooth muscle, serum treated	Uni-ZAP XR	LP03
HSLA HSLB HSLC HSLD HSLE HSLF HSLG	Smooth muscle,control	Uni-ZAP XR	LP03
HSDA HSDD HSDE HSDF HSDG HSDH	Spinal cord	Uni-ZAP XR	LP03
HPWS	Prostate-BPH subtracted II	pBS	LP03
HSKW HSKX HSKY	Smooth Muscle- HASTE normalized	pBS	LP03
HFPB HFPC HFPD	H. Frontal cortex,epileptic;re-excision	Uni-ZAP XR	LP03
HSDI HSDJ HSDK	Spinal Cord, re-excision	Uni-ZAP XR	LP03
HSKN HSKO	Smooth Muscle Serum Treated, Norm	pBS	LP03
HSKG HSKH HSKI	Smooth muscle, serum induced,re-exc	pBS	LP03
HFCA HFCB HFCC HFCD HFCE HFCF	Human Fetal Brain	Uni-ZAP XR	LP04
HPTA HPTB HPTD	Human Pituitary	Uni-ZAP XR	LP04
HTHB HTHC HTHD	Human Thymus	Uni-ZAP XR	LP04
HE6B HE6C HE6D HE6E HE6F HE6G HE6S	Human Whole Six Week Old Embryo	Uni-ZAP XR	LP04
HSSA HSSB HSSC HSSD HSSE HSSF HSSG HSSH HSSI HSSJ HSSK	Human Synovial Sarcoma	Uni-ZAP XR	LP04
HE7T	7 Week Old Early Stage Human, subtracted	Uni-ZAP XR	LP04
HEPA HEPB HEPC	Human Epididymus	Uni-ZAP XR	LP04
HSNA HSNB HSNC HSNM HSNN	Human Synovium	Uni-ZAP XR	LP04
HPFB HPFC HPFD HPFE	Human Prostate Cancer, Stage C fraction	Uni-ZAP XR	LP04
HE2A HE2D HE2E HE2H HE2I HE2M HE2N HE2O	12 Week Old Early Stage Human	Uni-ZAP XR	LP04
HE2B HE2C HE2F HE2G HE2P HE2Q	12 Week Old Early Stage Human, II	Uni-ZAP XR	LP04

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HPTS HPTT HPTU	Human Pituitary, subtracted	Uni-ZAP XR	LP04
HAUA HAUB HAUC	Amniotic Cells - TNF induced	Uni-ZAP XR	LP04
HAQA HAQB HAQC HAQD	Amniotic Cells - Primary Culture	Uni-ZAP XR	LP04
HWTA HWTB HWTC	wilm's tumor	Uni-ZAP XR	LP04
HBSD	Bone Cancer, re-excision	Uni-ZAP XR	LP04
HSGB	Salivary gland, re-excision	Uni-ZAP XR	LP04
HSJA HSJB HSJC	Smooth muscle-ILb induced	Uni-ZAP XR	LP04
HSXA HSXB HSXC HSXD	Human Substantia Nigra	Uni-ZAP XR	LP04
HSHA HSHB HSHC	Smooth muscle, IL1b induced	Uni-ZAP XR	LP04
HOUA HOUB HOUC HOUD HOUE	Adipocytes	Uni-ZAP XR	LP04
HPWA HPWB HPWC HPWD HPWE	Prostate BPH	Uni-ZAP XR	LP04
HELA HELB HELC HELD HELE HELF HELG HELH	Endothelial cells-control	Uni-ZAP XR	LP04
HEMA HEMB HEMC HEMD HEME HEMF HEMG HEMH	Endothelial-induced	Uni-ZAP XR	LP04
HBIA HBIB HBIC	Human Brain, Striatum	Uni-ZAP XR	LP04
HHSA HHSB HHSC HHSD HHSE	Human Hypothalmus,Schizophrenia	Uni-ZAP XR	LP04
HNGA HNGB HNGC HNGD HNGE HNGF HNGG HNGH HNGI HNGJ	neutrophils control	Uni-ZAP XR	LP04
HNHA HNHB HNHC HNHD HNHE HNHF HNHG HNHH HNHI HNHJ	Neutrophils IL-1 and LPS induced	Uni-ZAP XR	LP04
HSDB HSDC	STRIATUM DEPRESSION	Uni-ZAP XR	LP04
HHPT	Hypothalamus	Uni-ZAP XR	LP04
HSAT HSAU HSAV HSAW HSAX HSAY HSAZ	Anergic T-cell	Uni-ZAP XR	LP04
HBMS HBMT HBMU HBMV HBMW HBMX	Bone marrow	Uni-ZAP XR	LP04
HOEA HOEB HOEC HOED HOEE HOEF HOEJ	Osteoblasts	Uni-ZAP XR	LP04
HAIA HAIB HAIC HAID HAIE HAIF	Epithelial-TNFa and INF induced	Uni-ZAP XR	LP04
HTGA HTGB HTGC HTGD	Apoptotic T-cell	Uni-ZAP XR	LP04
HMCA HMCB HMCC HMCD HMCE	Macrophage-oxLDL	Uni-ZAP XR	LP04
HMAA HMAB HMAC HMAD HMAE HMAF HMAG	Macrophage (GM-CSF treated)	Uni-ZAP XR	LP04
HPHA	Normal Prostate	Uni-ZAP XR	LP04
HPIA HPIB HPIC	LNCAP prostate cell line	Uni-ZAP XR	LP04
HPJA HPJB HPJC	PC3 Prostate cell line	Uni-ZAP XR	LP04
HOSE HOSF HOSG	Human Osteoclastoma, re-excision	Uni-ZAP XR	LP04
HTGE HTGF	Apoptotic T-cell, re-excision	Uni-ZAP XR	LP04
HMAJ HMAK	H Macrophage (GM-CSF	Uni-ZAP XR	LP04

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
	treated), re-excision		
HACB HACC HACD	Human Adipose Tissue, re-excision	Uni-ZAP XR	LP04
HFPA	H. Frontal Cortex, Epileptic	Uni-ZAP XR	LP04
HFAA HFAB HFAC HFAD HFAE	Alzheimer's, spongy change	Uni-ZAP XR	LP04
HFAM	Frontal Lobe, Dementia	Uni-ZAP XR	LP04
HMIA HMIB HMIC	Human Manic Depression Tissue	Uni-ZAP XR	LP04
HTSA HTSE HTSF HTSG HTSH	Human Thymus	pBS	LP05
HPBA HPBB HPBC HPBD HPBE	Human Pineal Gland	pBS	LP05
HSAA HSAB HSAC	HSA 172 Cells	pBS	LP05
HSBA HSBB HSBC HSBM	HSC172 cells	pBS	LP05
HJAA HJAB HJAC HJAD	Jurkat T-cell G1 phase	pBS	LP05
HJBA HJBB HJBC HJBD	Jurkat T-Cell, S phase	pBS	LP05
HAFA HAFB	Aorta endothelial cells + TNF-a	pBS	LP05
HAWA HAWB HAWC	Human White Adipose	pBS	LP05
HTNA HTNB	Human Thyroid	pBS	LP05
HONA	Normal Ovary, Premenopausal	pBS	LP05
HARA HARB	Human Adult Retina	pBS	LP05
HLJA HLJB	Human Lung	pCMVSport 1	LP06
HOFM HOFN HOFO	H. Ovarian Tumor, II, OV5232	pCMVSport 2.0	LP07
HOGA HOGB HOGC	OV 10-3-95	pCMVSport 2.0	LP07
HCGL	CD34+cells, II	pCMVSport 2.0	LP07
HDLA	Hodgkin's Lymphoma I	pCMVSport 2.0	LP07
HDTA HDTB HDTC HDTD HDTE	Hodgkin's Lymphoma II	pCMVSport 2.0	LP07
HKAA HKAB HKAC HKAD HKAE HKAF HKAG HKAH	Keratinocyte	pCMVSport2.0	LP07
HCIM	CAPFINDER, Crohn's Disease, lib 2	pCMVSport 2.0	LP07
HKAL	Keratinocyte, lib 2	pCMVSport2.0	LP07
HKAT	Keratinocyte, lib 3	pCMVSport2.0	LP07
HNDA	Nasal polyps	pCMVSport2.0	LP07
HDRA	H. Primary Dendritic Cells,lib 3	pCMVSport2.0	LP07
HOHA HOHB HOHC	Human Osteoblasts II	pCMVSport2.0	LP07
HLDA HLDB HLDC	Liver, Hepatoma	pCMVSport3.0	LP08
HLDN HLDO HLDP	Human Liver, normal	pCMVSport3.0	LP08
HMTA	pBMC stimulated w/ poly I/C	pCMVSport3.0	LP08
HNTA	NTERA2, control	pCMVSport3.0	LP08
HDPA HDPB HDPC HDPD HDPF HDPG HDPH HDPI HDPJ HDPK	Primary Dendritic Cells, lib 1	pCMVSport3.0	LP08
HDPM HDPN HDPO HDPP	Primary Dendritic cells,frac 2	pCMVSport3.0	LP08
HMUA HMUB HMUC	Myoloid Progenitor Cell Line	pCMVSport3.0	LP08
HHEA HHEB HHEC HHED	T Cell helper I	pCMVSport3.0	LP08

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HHEM HHEN HHEO HHEP	T cell helper II	pCMVSport3.0	LP08
HEQA HEQB HEQC	Human endometrial stromal cells	pCMVSport3.0	LP08
HJMA HJMB	Human endometrial stromal cells-treated with progesterone	pCMVSport3.0	LP08
HSWA HSWB HSWC	Human endometrial stromal cells-treated with estradiol	pCMVSport3.0	LP08
HSYA HSYB HSYC	Human Thymus Stromal Cells	pCMVSport3.0	LP08
HLWA HLWB HLWC	Human Placenta	pCMVSport3.0	LP08
HRAA HRAB HRAC	Rejected Kidney, lib 4	pCMVSport3.0	LP08
HMTM	PCR, pBMC I/C treated	PCRII	LP09
HMJA	H. Meniingima, M6	pSport 1	LP10
HMKA HMKB HMKC HMKD HMKE	H. Meningima, M1	pSport 1	LP10
HUSG HUSI	Human umbilical vein endothelial cells, IL-4 induced	pSport 1	LP10
HUSX HUSY	Human Umbilical Vein Endothelial Cells, uninduced	pSport 1	LP10
HOFA	Ovarian Tumor I, OV5232	pSport 1	LP10
HCFA HCFB HCFC HCFD	T-Cell PHA 16 hrs	pSport 1	LP10
HCFL HCFM HCFN HCFO	T-Cell PHA 24 hrs	pSport 1	LP10
HADA HADC HADD HADE HADF HADG	Human Adipose	pSport 1	LP10
HOVA HOVB HOVC	Human Ovary	pSport 1	LP10
HTWB HTWC HTWD HTWE HTWF	Resting T-Cell Library,II	pSport 1	LP10
HMMA	Spleen metastic melanoma	pSport 1	LP10
HLYA HLYB HLYC HLYD HLYE	Spleen, Chronic lymphocytic leukemia	pSport 1	LP10
HCGA	CD34+ cell, I	pSport 1	LP10
HEOM HEON	Human Eosinophils	pSport 1	LP10
HTDA	Human Tonsil, Lib 3	pSport 1	LP10
HSPA	Salivary Gland, Lib 2	pSport 1	LP10
HCHA HCHB HCHC	Breast Cancer cell line, MDA 36	pSport 1	LP10
HCHM HCHN	Breast Cancer Cell line, angiogenic	pSport 1	LP10
HCIA	Crohn's Disease	pSport 1	LP10
HDAA HDAB HDAC	HEL cell line	pSport 1	LP10
HABA	Human Astrocyte	pSport 1	LP10
HUFA HUFB HUFC	Ulcerative Colitis	pSport 1	LP10
HNTM	NTERA2 + retinoic acid, 14 days	pSport 1	LP10
HDQA	Primary Dendritic cells,CapFinder2, frac 1	pSport 1	LP10
HDQM	Primary Dendritic Cells, CapFinder, frac 2	pSport 1	LP10
HLDX	Human Liver, normal,CapFinder	pSport 1	LP10
HULA HULB HULC	Human Dermal Endothelial Cells,untreated	pSport1	LP10
HUMA	Human Dermal Endothelial	pSport1	LP10

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
	cells,treated		
HCJA	Human Stromal Endometrial fibroblasts, untreated	pSport1	LP10
HCJM	Human Stromal endometrial fibroblasts, treated w/ estradiol	pSport1	LP10
HEDA	Human Stromal endometrial fibroblasts, treated with progesterone	pSport1	LP10
HFNA	Human ovary tumor cell OV350721	pSport1	LP10
HKGA HKGB HKGC HKGD	Merkel Cells	pSport1	LP10
HISA HISB HISC	Pancreas Islet Cell Tumor	pSport1	LP10
HLSA	Skin, burned	pSport1	LP10
HBZA	Prostate,BPH, Lib 2	pSport 1	LP10
HBZS	Prostate BPH,Lib 2, subtracted	pSport 1	LP10
HFIA HFIB HFIC	Synovial Fibroblasts (control)	pSport 1	LP10
HFIH HFII HFIJ	Synovial hypoxia	pSport 1	LP10
HFIT HFIU HFIV	Synovial IL-1/TNF stimulated	pSport 1	LP10
HGCA	Messangial cell, frac 1	pSport1	LP10
HMVA HMVB HMVC	Bone Marrow Stromal Cell, untreated	pSport1	LP10
HFIX HFIY HFIZ	Synovial Fibroblasts (Il1/TNF), subt	pSport1	LP10
HFOX HFOY HFOZ	Synovial hypoxia-RSF subtracted	pSport1	LP10
HMQA HMQB HMQC HMQD	Human Activated Monocytes	Uni-ZAP XR	LP11
HLIA HLIB HLIC	Human Liver	pCMVSport 1	LP012
HHBA HHBB HHBC HHBD HHBE	Human Heart	pCMVSport 1	LP012
HBBA HBBB	Human Brain	pCMVSport 1	LP012
HLJA HLJB HLJC HLJD HLJE	Human Lung	pCMVSport 1	LP012
HOGA HOGB HOGC	Ovarian Tumor	pCMVSport 2.0	LP012
HTJM	Human Tonsils, Lib 2	pCMVSport 2.0	LP012
HAMF HAMG	KMH2	pCMVSport 3.0	LP012
HAJA HAJB HAJC	L428	pCMVSport 3.0	LP012
HWBA HWBB HWBC HWBD HWBE	Dendritic cells, pooled	pCMVSport 3.0	LP012
HWAA HWAB HWAC HWAD HWAE	Human Bone Marrow, treated	pCMVSport 3.0	LP012
HYAA HYAB HYAC	B Cell lymphoma	pCMVSport 3.0	LP012
HWHG HWHH HWHI	Healing groin wound, 6.5 hours post incision	pCMVSport 3.0	LP012
HWHP HWHQ HWHR	Healing groin wound; 7.5 hours post incision	pCMVSport 3.0	LP012
HARM	Healing groin wound - zero hr post-incision (control)	pCMVSport 3.0	LP012
HBIM	Olfactory epithelium; nasalcavity	pCMVSport 3.0	LP012
HWDA	Healing Abdomen wound;	pCMVSport 3.0	LP012

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
	70&90 min post incision		
HWEA	Healing Abdomen Wound;15 days post incision	pCMVSport 3.0	LP012
HWJA	Healing Abdomen Wound;21&29 days	pCMVSport 3.0	LP012
HNAL	Human Tongue, frac 2	pSport1	LP012
HMJA	H. Meniingima, M6	pSport1	LP012
HMKA HMKB HMKC HMKD HMKE	H. Meningima, M1	pSport1	LP012
HOFA	Ovarian Tumor I, OV5232	pSport1	LP012
HCFA HCFB HCFC HCFD	T-Cell PHA 16 hrs	pSport1	LP012
HCFL HCFM HCFN HCFO	T-Cell PHA 24 hrs	pSport1	LP012
HMMA HMMB HMMC	Spleen metastic melanoma	pSport1	LP012
HTDA	Human Tonsil, Lib 3	pSport1	LP012
HDBA	Human Fetal Thymus	pSport1	LP012
HDUA	Pericardium	pSport1	LP012
HBZA	Prostate,BPH, Lib 2	pSport1	LP012
HWCA	Larynx tumor	pSport1	LP012
HWKA	Normal lung	pSport1	LP012
HSMB	Bone marrow stroma,treated	pSport1	LP012
HBHM	Normal trachea	pSport1	LP012
HLFC	Human Larynx	pSport1	LP012
HLRB	Siebben Polyposis	pSport1	LP012
HNIA	Mammary Gland	pSport1	LP012
HNJB	Palate carcinoma	pSport1	LP012
HNKA	Palate normal	pSport1	LP012
HMZA	Pharynx carcinoma	pSport1	LP012
HABG	Cheek Carcinoma	pSport1	LP012
HMZM	Pharynx Carcinoma	pSport1	LP012
HDRM	Larynx Carcinoma	pSport1	LP012
HVAA	Pancreas normal PCA4 No	pSport1	LP012
HICA	Tongue carcinoma	pSport1	LP012
HUKA HUKB HUKC HUKD HUKE	Human Uterine Cancer	Lambda ZAP II	LP013
HFFA	Human Fetal Brain, random primed	Lambda ZAP II	LP013
HTUA	Activated T-cell labeled with 4-thioluri	Lambda ZAP II	LP013
HBQA	Early Stage Human Brain, random primed	Lambda ZAP II	LP013
HMEB	Human microvascular Endothelial cells, fract. B	Lambda ZAP II	LP013
HUSH	Human Umbilical Vein Endothelial cells, fract. A, re-excision	Lambda ZAP II	LP013
HLQC HLQD	Hepatocellular tumor, re-excision	Lambda ZAP II	LP013
HTWJ HTWK HTWL	Resting T-cell, re-excision	Lambda ZAP II	LP013
HF6S	Human Whole 6 week Old	pBluescriptpBLUES	LP013

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
	Embryo (II), subt	CRIPT™	
HHPS	Human Hippocampus, subtracted	pBluescriptpBLUESCRIPT™	LP013
HL1S	LNCAP, differential expression	pBluescriptpBLUESCRIPT™	LP013
HLHS HLHT	Early Stage Human Lung, Subtracted	pBluescriptpBLUESCRIPT™	LP013
HSUS	Supt cells, cyclohexamide treated, subtracted	pBluescriptpBLUESCRIPT™	LP013
HSUT	Supt cells, cyclohexamide treated, differentially expressed	pBluescriptpBLUESCRIPT™	LP013
HSDS	H. Striatum Depression, subtracted	pBluescriptpBLUESCRIPT™	LP013
HPTZ	Human Pituitary, Subtracted VII	pBluescriptpBLUESCRIPT™	LP013
HSDX	H. Striatum Depression, subt II	pBluescriptpBLUESCRIPT™	LP013
HSDZ	H. Striatum Depression, subt	pBluescriptpBLUESCRIPT™	LP013
HPBA HPBB HPBC HPBD HPBE	Human Pineal Gland	pBluescriptpBLUESCRIPT™ SK-	LP013
HRTA	Colorectal Tumor	pBluescriptpBLUESCRIPT™ SK-	LP013
HSBA HSBB HSBC HSBM	HSC172 cells	pBluescriptpBLUESCRIPT™ SK-	LP013
HJAA HJAB HJAC HJAD	Jurkat T-cell G1 phase	pBluescriptpBLUESCRIPT™ SK-	LP013
HJBA HJBB HJBC HJBD	Jurkat T-cell, S1 phase	pBluescriptpBLUESCRIPT™ SK-	LP013
HTNA HTNB	Human Thyroid	pBluescriptpBLUESCRIPT™ SK-	LP013
HAHA HAHB	Human Adult Heart	Uni-ZAP XR	LP013
HE6A	Whole 6 week Old Embryo	Uni-ZAP XR	LP013
HFCA HFCB HFCC HFCD HFCE	Human Fetal Brain	Uni-ZAP XR	LP013
HFKC HFKD HFKE HFKF HFKG	Human Fetal Kidney	Uni-ZAP XR	LP013
HGBA HGBD HGBE HGBF HGBG	Human Gall Bladder	Uni-ZAP XR	LP013
HPRA HPRB HPRC HPRD	Human Prostate	Uni-ZAP XR	LP013
HTEA HTEB HTEC HTED HTEE	Human Testes	Uni-ZAP XR	LP013
HTTA HTTB HTTC HTTD HTTE	Human Testes Tumor	Uni-ZAP XR	LP013
HYBA HYBB	Human Fetal Bone	Uni-ZAP XR	LP013
HFLA	Human Fetal Liver	Uni-ZAP XR	LP013
HHFB HHFC HHFD HHFE HHFF	Human Fetal Heart	Uni-ZAP XR	LP013
HUVB HUVC HUVD HUVE	Human Umbilical Vein, End. remake	Uni-ZAP XR	LP013

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HTHB HTHC HTHD	Human Thymus	Uni-ZAP XR	LP013
HSTA HSTB HSTC HSTD	Human Skin Tumor	Uni-ZAP XR	LP013
HTAA HTAB HTAC HTAD HTAE	Human Activated T-cells	Uni-ZAP XR	LP013
HFEA HFEB HFEC	Human Fetal Epithelium (skin)	Uni-ZAP XR	LP013
HJPA HJPB HJPC HJPD	Human Jurkat Membrane Bound Polysomes	Uni-ZAP XR	LP013
HESA	Human Epithelioid Sarcoma	Uni-ZAP XR	LP013
HALS	Human Adult Liver, Subtracted	Uni-ZAP XR	LP013
HFTA HFTB HFTC HFTD	Human Fetal Dura Mater	Uni-ZAP XR	LP013
HCAA HCAB HCAC	Cem cells, cyclohexamide treated	Uni-ZAP XR	LP013
HRGA HRGB HRGC HRGD	Raji Cells, cyclohexamide treated	Uni-ZAP XR	LP013
HE9A HE9B HE9C HE9D HE9E	Nine Week Old Early Stage Human	Uni-ZAP XR	LP013
HSFA	Human Fibrosarcoma	Uni-ZAP XR	LP013
HATA HATB HATC HATD HATE	Human Adrenal Gland Tumor	Uni-ZAP XR	LP013
HTRA	Human Trachea Tumor	Uni-ZAP XR	LP013
HE2A HE2D HE2E HE2H HE2I	12 Week Old Early Stage Human	Uni-ZAP XR	LP013
HE2B HE2C HE2F HE2G HE2P	12 Week Old Early Stage Human, II	Uni-ZAP XR	LP013
HNEA HNEB HNEC HNED HNEE	Human Neutrophil	Uni-ZAP XR	LP013
HBGA	Human Primary Breast Cancer	Uni-ZAP XR	LP013
HPTS HPTT HPTU	Human Pituitary, subtracted	Uni-ZAP XR	LP013
HMQA HMQB HMQC HMQD	Human Activated Monocytes	Uni-ZAP XR	LP013
HOAA HOAB HOAC	Human Osteosarcoma	Uni-ZAP XR	LP013
HTOA HTOD HTOE HTOF HTOG	human tonsils	Uni-ZAP XR	LP013
HMGB	Human OB MG63 control fraction I	Uni-ZAP XR	LP013
HOPB	Human OB HOS control fraction I	Uni-ZAP XR	LP013
HOQB	Human OB HOS treated (1 nM E2) fraction I	Uni-ZAP XR	LP013
HAUA HAUB HAUC	Amniotic Cells - TNF induced	Uni-ZAP XR	LP013
HAQA HAQB HAQC HAQD	Amniotic Cells - Primary Culture	Uni-ZAP XR	LP013
HROA HROC	HUMAN STOMACH	Uni-ZAP XR	LP013
HBJA HBJB HBJC HBJD HBJE	HUMAN B CELL LYMPHOMA	Uni-ZAP XR	LP013
HODA HODB HODC HODD	human ovarian cancer	Uni-ZAP XR	LP013
HCPA	Corpus Callosum	Uni-ZAP XR	LP013
HSOA	stomach cancer (human)	Uni-ZAP XR	LP013
HERA	SKIN	Uni-ZAP XR	LP013
HMDA	Brain-medulloblastoma	Uni-ZAP XR	LP013
HGLA HGLB HGLD	Glioblastoma	Uni-ZAP XR	LP013

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HWTA HWTB HWTC	wilm's tumor	Uni-ZAP XR	LP013
HEAA	H. Atrophic Endometrium	Uni-ZAP XR	LP013
HAPN HAPO HAPP HAPQ HAPR	Human Adult Pulmonary;re-excision	Uni-ZAP XR	LP013
HLTG HLTH	Human T-cell lymphoma;re-excision	Uni-ZAP XR	LP013
HAHC HAHD HAHE	Human Adult Heart;re-excision	Uni-ZAP XR	LP013
HAGA HAGB HAGC HAGD HAGE	Human Amygdala	Uni-ZAP XR	LP013
HSJA HSJB HSJC	Smooth muscle-ILb induced	Uni-ZAP XR	LP013
HSHA HSHB HSHC	Smooth muscle, IL1b induced	Uni-ZAP XR	LP013
HPWA HPWB HPWC HPWD HPWE	Prostate BPH	Uni-ZAP XR	LP013
HPIA HPIB HPIC	LNCAP prostate cell line	Uni-ZAP XR	LP013
HPJA HPJB HPJC	PC3 Prostate cell line	Uni-ZAP XR	LP013
HBTA	Bone Marrow Stroma, TNF&LPS ind	Uni-ZAP XR	LP013
HMCF HMCG HMCH HMCI HMCJ	Macrophage-oxLDL; re-excision	Uni-ZAP XR	LP013
HAGG HAGH HAGI	Human Amygdala;re-excision	Uni-ZAP XR	LP013
HACA	H. Adipose Tissue	Uni-ZAP XR	LP013
HKFB	K562 + PMA (36 hrs),re-excision	ZAP Express	LP013
HCWT HCWU HCWV	CD34 positive cells (cord blood),re-ex	ZAP Express	LP013
HBWA	Whole brain	ZAP Express	LP013
HBXA HBXB HBXC HBXD	Human Whole Brain #2 - Oligo dT > 1.5Kb	ZAP Express	LP013
HAVM	Temporal cortex-Alzheizmer	pT-Adv	LP014
HAVT	Hippocampus, Alzheimer Subtracted	pT-Adv	LP014
HHAS	CHME Cell Line	Uni-ZAP XR	LP014
HAJR	Larynx normal	pSport 1	LP014
HWLE HWLF HWLG HWLH	Colon Normal	pSport 1	LP014
HCRM HCRN HCRO	Colon Carcinoma	pSport 1	LP014
HWLI HWLJ HWLK	Colon Normal	pSport 1	LP014
HWLQ HWLR HWLS HWLT	Colon Tumor	pSport 1	LP014
HBFM	Gastrocnemius Muscle	pSport 1	LP014
HBOD HBOE	Quadriceps Muscle	pSport 1	LP014
HBKD HBKE	Soleus Muscle	pSport 1	LP014
HCCM	Pancreatic Langerhans	pSport 1	LP014
HWGA	Larynx carcinoma	pSport 1	LP014
HWGM HWGN	Larynx carcinoma	pSport 1	LP014
HWLA HWLB HWLC	Normal colon	pSport 1	LP014
HWLM HWLN	Colon Tumor	pSport 1	LP014
HVAM HVAN HVAO	Pancreas Tumor	pSport 1	LP014
HWGQ	Larynx carcinoma	pSport 1	LP014
HAQM HAQN	Salivary Gland	pSport 1	LP014
HASM	Stomach; normal	pSport 1	LP014

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HBCM	Uterus; normal	pSport 1	LP014
HCDM	Testis; normal	pSport 1	LP014
HDJM	Brain; normal	pSport 1	LP014
HEFM	Adrenal Gland,normal	pSport 1	LP014
HBAA	Rectum normal	pSport 1	LP014
HFDM	Rectum tumour	pSport 1	LP014
HGAM	Colon, normal	pSport 1	LP014
HHMM	Colon, tumour	pSport 1	LP014
HCLB HCLC	Human Lung Cancer	Lambda Zap II	LP015
HRLA	L1 Cell line	ZAP Express	LP015
HHAM	Hypothalamus, Alzheimer's	pCMVSport 3.0	LP015
HKBA	Ku 812F Basophils Line	pSport 1	LP015
HS2S	Saos2, Dexamethosome Treated	pSport 1	LP016
HA5A	Lung Carcinoma A549 TNFalpha activated	pSport 1	LP016
HTFM	TF-1 Cell Line GM-CSF Treated	pSport 1	LP016
HYAS	Thyroid Tumour	pSport 1	LP016
HUTS	Larynx Normal	pSport 1	LP016
HXOA	Larynx Tumor	pSport 1	LP016
HEAH	Ea.hy.926 cell line	pSport 1	LP016
HINA	Adenocarcinoma Human	pSport 1	LP016
HRMA	Lung Mesothelium	pSport 1	LP016
HLCL	Human Pre-Differentiated Adipocytes	Uni-Zap XR	LP017
HS2A	Saos2 Cells	pSport 1	LP020
HS2I	Saos2 Cells; Vitamin D3 Treated	pSport 1	LP020
HUCM	CHME Cell Line, untreated	pSport 1	LP020
HEPN	Aryepiglottis Normal	pSport 1	LP020
HPSN	Sinus Piniformis Tumour	pSport 1	LP020
HNSA	Stomach Normal	pSport 1	LP020
HNSM	Stomach Tumour	pSport 1	LP020
HNLA	Liver Normal Met5No	pSport 1	LP020
HUTA	Liver Tumour Met 5 Tu	pSport 1	LP020
HOCN	Colon Normal	pSport 1	LP020
HOCT	Colon Tumor	pSport 1	LP020
HTNT	Tongue Tumour	pSport 1	LP020
HLXN	Larynx Normal	pSport 1	LP020
HLXT	Larynx Tumour	pSport 1	LP020
HTYN	Thymus	pSport 1	LP020
HPLN	Placenta	pSport 1	LP020
HTNG	Tongue Normal	pSport 1	LP020
HZAA	Thyroid Normal (SDCA2 No)	pSport 1	LP020
HWES	Thyroid Thyroiditis	pSport 1	LP020
HFHD	Ficoll FICOLL™ed Human Stromal Cells, 5Fu treated	pTrip1Ex2	LP021
HFHM,HFHN	Ficoll FICOLL™ed Human Stromal Cells, Untreated	pTrip1Ex2	LP021
HPCI	Hep G2 Cells, lambda library	lambda Zap-CMV XR	LP021

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
HBCA,HBCB,HBCC	H. Lymph node breast Cancer	Uni-ZAP XR	LP021
HCOK	Chondrocytes	pSPORT1	LP022
HDCA, HDCB, HDCC	Dendritic Cells From CD34 Cells	pSPORT1	LP022
HDMA, HDMB	CD40 activated monocyte dendritic cells	pSPORT1	LP022
HDDM, HDDN, HDDO	LPS activated derived dendritic cells	pSPORT1	LP022
HPCR	Hep G2 Cells, PCR library	lambda Zap-CMV XR	LP022
HAAA, HAAB, HAAC	Lung, Cancer (4005313A3): Invasive Poorly Differentiated Lung Adenocarcinoma	pSPORT1	LP022
HIPA, HIPB, HIPC	Lung, Cancer (4005163 B7): Invasive, Poorly Diff. Adenocarcinoma, Metastatic	pSPORT1	LP022
HOOH, HOOI	Ovary, Cancer: (4004562 B6) Papillary Serous Cystic Neoplasm, Low Malignant Pot	pSPORT1	LP022
HIDA	Lung, Normal: (4005313 B1)	pSPORT1	LP022
HUJA,HUJB,HUJC,HUJD,HUJE	B-Cells	pCMVSport 3.0	LP022
HNOA,HNOB,HNOC,HNOD	Ovary, Normal: (9805C040R)	pSPORT1	LP022
HNLM	Lung, Normal: (4005313 B1)	pSPORT1	LP022
HSCL	Stromal Cells	pSPORT1	LP022
HAAX	Lung, Cancer: (4005313 A3) Invasive Poorly-differentiated Metastatic lung adenocarcinoma	pSPORT1	LP022
HUUA,HUUB,HUUC,HUUD	B-cells (unstimulated)	pTrip1Ex2	LP022
HWWA,HWWB,HWWC,HWWD,HWWE,HWWF,HWWG	B-cells (stimulated)	pSPORT1	LP022
HCCC	Colon, Cancer: (9808C064R)	pCMVSport 3.0	LP023
HPDO HPDP HPDQ HPDR HPD	Ovary, Cancer (9809C332): Poorly differentiated adenocarcinoma	pSport 1	LP023
HPCO HPCP HPCQ HPCT	Ovary, Cancer (15395A1F): Grade II Papillary Carcinoma	pSport 1	LP023
HOCM HOCO HOCP HOCQ	Ovary, Cancer: (15799A1F) Poorly differentiated carcinoma	pSport 1	LP023
HCBM HCBN HCBO	Breast, Cancer: (4004943 A5)	pSport 1	LP023
HNBT HNBU HNBV	Breast, Normal: (4005522B2)	pSport 1	LP023
HBCP HBCQ	Breast, Cancer: (4005522 A2)	pSport 1	LP023
HBCJ	Breast, Cancer: (9806C012R)	pSport 1	LP023
HSAM HSAN	Stromal cells 3.88	pSport 1	LP023
HVCA HVCB HVCC HVCD	Ovary, Cancer: (4004332 A2)	pSport 1	LP023
HSCK HSEN HSEO	Stromal cells (HBM3.18)	pSport 1	LP023
HSCP HSCQ	stromal cell clone 2.5	pSport 1	LP023
HUXA	Breast Cancer: (4005385 A2)	pSport 1	LP023
HCOM HCON HCOO HCOP HCOQ	Ovary, Cancer (4004650 A3): Well-Differentiated	pSport 1	LP023

Libraries owned by Catalog	Catalog Description	Vector	ATCC™ Deposit
	Micropapillary Serous Carcinoma		
HBNM	Breast, Cancer: (9802C020E)	pSport 1	LP023
HVVA HVVB HVVC HVVD HVVE	Human Bone Marrow, treated	pSport 1	LP023

Two nonlimiting examples are provided below for isolating a particular clone from the deposited sample of plasmid cDNAs cited for that clone in Table 7. First, a plasmid is directly isolated by screening the clones using a polynucleotide probe corresponding to the nucleotide sequence of SEQ ID NO:X.

Particularly, a specific polynucleotide with 30-40 nucleotides is synthesized using an Applied Biosystems DNA synthesizer according to the sequence reported. The oligonucleotide is labeled, for instance, with ^{32}P-γ-ATP using T4 polynucleotide kinase and purified according to routine methods. (E.g., Maniatis et al., Molecular Cloning: A Laboratory Manual, Cold Spring Harbor Press, Cold Spring, NY (1982)). The plasmid mixture is transformed into a suitable host, as indicated above (such as XL-1 Blue (~~Stratagene~~STRATAGENE™)) using techniques known to those of skill in the art, such as those provided by the vector supplier or in related publications or patents cited above. The transformants are plated on 1.5% agar plates (containing the appropriate selection agent, e.g., ampicillin) to a density of about 150 transformants (colonies) per plate. These plates are screened using Nylon membranes according to routine methods for bacterial colony screening (e.g., Sambrook et al., Molecular Cloning: A Laboratory Manual, 2nd Edit., (1989), Cold Spring Harbor Laboratory Press, pages 1.93 to 1.104), or other techniques known to those of skill in the art.

Alternatively, two primers of 17-20 nucleotides derived from both ends of the nucleotide sequence of SEQ ID NO:X are synthesized and used to amplify the desired cDNA using the deposited cDNA plasmid as a template. The polymerase chain reaction is carried out under routine conditions, for instance, in 25 µl of reaction mixture with 0.5 ug of the above cDNA template. A convenient reaction mixture is 1.5-5 mM $MgCl_2$, 0.01% (w/v) gelatin, 20 µM each of dATP, dCTP, dGTP, dTTP, 25 pmol of each primer and 0.25 Unit of Taq polymerase. Thirty five cycles of PCR (denaturation at 94°C for 1 min; annealing at 55°C for 1 min; elongation at 72°C for 1 min) are performed with a Perkin-Elmer Cetus automated thermal cycler. The amplified product is analyzed by agarose gel electrophoresis and the DNA band with expected molecular weight is excised and purified. The PCR product is verified to be the selected sequence by subcloning and sequencing the DNA product.

Several methods are available for the identification of the 5' or 3' non-coding portions of a gene which may not be present in the deposited clone. These methods include but are not limited

to, filter probing, clone enrichment using specific probes, and protocols similar or identical to 5' and 3' "RACE" protocols which are well known in the art. For instance, a method similar to 5' RACE is available for generating the missing 5' end of a desired full-length transcript. (Fromont-Racine et al., Nucleic Acids Res. 21(7):1683-1684 (1993)).

Briefly, a specific RNA oligonucleotide is ligated to the 5' ends of a population of RNA presumably containing full-length gene RNA transcripts. A primer set containing a primer specific to the ligated RNA oligonucleotide and a primer specific to a known sequence of the gene of interest is used to PCR amplify the 5' portion of the desired full-length gene. This amplified product may then be sequenced and used to generate the full length gene.

This above method starts with total RNA isolated from the desired source, although poly-A+ RNA can be used. The RNA preparation can then be treated with phosphatase if necessary to eliminate 5' phosphate groups on degraded or damaged RNA which may interfere with the later RNA ligase step. The phosphatase should then be inactivated and the RNA treated with tobacco acid pyrophosphatase in order to remove the cap structure present at the 5' ends of messenger RNAs. This reaction leaves a 5' phosphate group at the 5' end of the cap cleaved RNA which can then be ligated to an RNA oligonucleotide using T4 RNA ligase.

This modified RNA preparation is used as a template for first strand cDNA synthesis using a gene specific oligonucleotide. The first strand synthesis reaction is used as a template for PCR amplification of the desired 5' end using a primer specific to the ligated RNA oligonucleotide and a primer specific to the known sequence of the gene of interest. The resultant product is then sequenced and analyzed to confirm that the 5' end sequence belongs to the desired gene.

Example 2: Isolation of Genomic Clones Corresponding to a Polynucleotide

A human genomic P1 library (Genomic Systems, Inc.) is screened by PCR using primers selected for the sequence corresponding to SEQ ID NO:X according to the method described in Example 1. (See also, Sambrook.)

Example 3: Tissue specific expression analysis

The Human Genome Sciences, Inc. (HGS) database is derived from sequencing tissue and/or disease specific cDNA libraries. Libraries generated from a particular tissue are selected and the specific tissue expression pattern of EST groups or assembled contigs within these libraries is determined by comparison of the expression patterns of those groups or contigs within the entire database. ESTs and assembled contigs which show tissue specific expression are selected.

The original clone from which the specific EST sequence was generated, or in the case of an assembled contig, the clone from which the 5' most EST sequence was generated, is obtained from the catalogued library of clones and the insert amplified by PCR using methods known in the art. The PCR product is denatured and then transferred in 96 or 384 well format to a nylon membrane (Schleicher and Scheull) generating an array filter of tissue specific clones. Housekeeping genes, maize genes, and known tissue specific genes are included on the filters. These targets can be used in signal normalization and to validate assay sensitivity. Additional targets are included to monitor probe length and specificity of hybridization.

Radioactively labeled hybridization probes are generated by first strand cDNA synthesis per the manufacturer's instructions (~~Life Technologies~~LIFE TECHNOLOGIES™) from mRNA/RNA samples prepared from the specific tissue being analyzed (e.g., prostate, prostate cancer, ovarian, ovarian cancer, etc.). The hybridization probes are purified by gel exclusion chromatography, quantitated, and hybridized with the array filters in hybridization bottles at 65°C overnight. The filters are washed under stringent conditions and signals are captured using a Fuji phosphorimager.

Data is extracted using AIS software and following background subtraction, signal normalization is performed. This includes a normalization of filter-wide expression levels between different experimental runs. Genes that are differentially expressed in the tissue of interest are identified.

Example 4: Chromosomal Mapping of the Polynucleotides

An oligonucleotide primer set is designed according to the sequence at the 5' end of SEQ ID NO:X. This primer preferably spans about 100 nucleotides. This primer set is then used in a polymerase chain reaction under the following set of conditions: 30 seconds, 95°C; 1 minute, 56°C; 1 minute, 70°C. This cycle is repeated 32 times followed by one 5 minute cycle at 70°C. Human, mouse, and hamster DNA is used as template in addition to a somatic cell hybrid panel containing individual chromosomes or chromosome fragments (Bios, Inc). The reactions are analyzed on either 8% polyacrylamide gels or 3.5 % agarose gels. Chromosome mapping is determined by the presence of an approximately 100 bp PCR fragment in the particular somatic cell hybrid.

Example 5: Bacterial Expression of a Polypeptide

A polynucleotide encoding a polypeptide of the present invention is amplified using PCR oligonucleotide primers corresponding to the 5' and 3' ends of the DNA sequence, as outlined in Example 1, to synthesize insertion fragments. The primers used to amplify the cDNA insert should preferably contain restriction sites, such as BamHI and XbaI, at the 5' end of the primers in order to clone the amplified product into the expression vector. For example, BamHI and XbaI correspond to the restriction enzyme sites on the bacterial expression vector pQE-9. (Qiagen, Inc., Chatsworth, CA). This plasmid vector encodes antibiotic resistance (Amp^r), a bacterial origin of replication (ori), an IPTG-regulatable promoter/operator (P/O), a ribosome binding site (RBS), a 6-histidine tag (6-His), and restriction enzyme cloning sites.

The pQE-9 vector is digested with BamHI and XbaI and the amplified fragment is ligated into the pQE-9 vector maintaining the reading frame initiated at the bacterial RBS. The ligation mixture is then used to transform the E. coli strain M15/rep4 (Qiagen, Inc.) which contains multiple copies of the plasmid pREP4, which expresses the lacI repressor and also confers kanamycin resistance (Kan^r). Transformants are identified by their ability to grow on LB plates and ampicillin/kanamycin resistant colonies are selected. Plasmid DNA is isolated and confirmed by restriction analysis.

Clones containing the desired constructs are grown overnight (O/N) in liquid culture in LB media supplemented with both Amp (100 ug/ml) and Kan (25 ug/ml). The O/N culture is used to inoculate a large culture at a ratio of 1:100 to 1:250. The cells are grown to an optical density 600 ($O.D._{600}$) of between 0.4 and 0.6. IPTG (Isopropyl-B-D-thiogalacto pyranoside) is then added to a final concentration of 1 mM. IPTG induces by inactivating the lacI repressor, clearing the P/O leading to increased gene expression.

Cells are grown for an extra 3 to 4 hours. Cells are then harvested by centrifugation (20 mins at 6000Xg). The cell pellet is solubilized in the chaotropic agent 6 Molar Guanidine HCl by stirring for 3-4 hours at 4°C. The cell debris is removed by centrifugation, and the supernatant containing the polypeptide is loaded onto a nickel-nitrilo-tri-acetic acid ("Ni-NTA") affinity resin column (available from QIAGEN, Inc., *supra*). Proteins with a 6 x His tag bind to the Ni-NTA resin with high affinity and can be purified in a simple one-step procedure (for details see: The QIAexpressionist (1995) QIAGEN, Inc., *supra*).

Briefly, the supernatant is loaded onto the column in 6 M guanidine-HCl, pH 8. The column is first washed with 10 volumes of 6 M guanidine-HCl, pH 8, then washed with 10 volumes of 6 M guanidine-HCl pH 6, and finally the polypeptide is eluted with 6 M guanidine-HCl, pH 5.

The purified protein is then renatured by dialyzing it against phosphate-buffered saline (PBS) or 50 mM Na-acetate, pH 6 buffer plus 200 mM NaCl. Alternatively, the protein can be successfully refolded while immobilized on the Ni-NTA column. The recommended conditions are as follows: renature using a linear 6M-1M urea gradient in 500 mM NaCl, 20% glycerol, 20 mM Tris/HCl pH 7.4, containing protease inhibitors. The renaturation should be performed over a period of 1.5 hours or more. After renaturation the proteins are eluted by the addition of 250 mM immidazole. Immidazole is removed by a final dialyzing step against PBS or 50 mM sodium acetate pH 6 buffer plus 200 mM NaCl. The purified protein is stored at 4° C or frozen at -80° C.

In addition to the above expression vector, the present invention further includes an expression vector, called pHE4a (ATCCATCC™ Accession Number 209645, deposited on February 25, 1998) which contains phage operator and promoter elements operatively linked to a polynucleotide of the present invention, called pHE4a. (ATCCATCC™ Accession Number 209645, deposited on February 25, 1998.) This vector contains: 1) a neomycinphosphotransferase gene as a selection marker, 2) an E. coli origin of replication, 3) a T5 phage promoter sequence, 4) two lac operator sequences, 5) a Shine-Delgarno sequence, and 6) the lactose operon repressor gene (lacIq). The origin of replication (oriC) is derived from pUC19 (LTI, Gaithersburg, MD). The promoter and operator sequences are made synthetically.

DNA can be inserted into the pHE4a by restricting the vector with NdeI and XbaI, BamHI, XhoI, or Asp718, running the restricted product on a gel, and isolating the larger fragment (the stuffer fragment should be about 310 base pairs). The DNA insert is generated according to the PCR protocol described in Example 1, using PCR primers having restriction sites for NdeI (5' primer) and XbaI, BamHI, XhoI, or Asp718 (3' primer). The PCR insert is gel purified and restricted with compatible enzymes. The insert and vector are ligated according to standard protocols.

The engineered vector could easily be substituted in the above protocol to express protein in a bacterial system.

Example 6: Purification of a Polypeptide from an Inclusion Body

The following alternative method can be used to purify a polypeptide expressed in *E coli* when it is present in the form of inclusion bodies. Unless otherwise specified, all of the following steps are conducted at 4-10°C.

Upon completion of the production phase of the *E. coli* fermentation, the cell culture is cooled to 4-10°C and the cells harvested by continuous centrifugation at 15,000 rpm (Heraeus Sepatech). On the basis of the expected yield of protein per unit weight of cell paste and the amount of purified protein required, an appropriate amount of cell paste, by weight, is suspended

in a buffer solution containing 100 mM Tris, 50 mM EDTA, pH 7.4. The cells are dispersed to a homogeneous suspension using a high shear mixer.

The cells are then lysed by passing the solution through a microfluidizer (Microfuidics, Corp. or APV Gaulin, Inc.) twice at 4000-6000 psi. The homogenate is then mixed with NaCl solution to a final concentration of 0.5 M NaCl, followed by centrifugation at 7000 xg for 15 min. The resultant pellet is washed again using 0.5M NaCl, 100 mM Tris, 50 mM EDTA, pH 7.4.

The resulting washed inclusion bodies are solubilized with 1.5 M guanidine hydrochloride (GuHCl) for 2-4 hours. After 7000 xg centrifugation for 15 min., the pellet is discarded and the polypeptide containing supernatant is incubated at 4°C overnight to allow further GuHCl extraction.

Following high speed centrifugation (30,000 xg) to remove insoluble particles, the GuHCl solubilized protein is refolded by quickly mixing the GuHCl extract with 20 volumes of buffer containing 50 mM sodium, pH 4.5, 150 mM NaCl, 2 mM EDTA by vigorous stirring. The refolded diluted protein solution is kept at 4°C without mixing for 12 hours prior to further purification steps.

To clarify the refolded polypeptide solution, a previously prepared tangential filtration unit equipped with 0.16 μm membrane filter with appropriate surface area (e.g., Filtron), equilibrated with 40 mM sodium acetate, pH 6.0 is employed. The filtered sample is loaded onto a cation exchange resin (e.g., Poros HS-50, Perseptive Biosystems). The column is washed with 40 mM sodium acetate, pH 6.0 and eluted with 250 mM, 500 mM, 1000 mM, and 1500 mM NaCl in the same buffer, in a stepwise manner. The absorbance at 280 nm of the effluent is continuously monitored. Fractions are collected and further analyzed by SDS-PAGE.

Fractions containing the polypeptide are then pooled and mixed with 4 volumes of water. The diluted sample is then loaded onto a previously prepared set of tandem columns of strong anion (Poros HQ-50, Perseptive Biosystems) and weak anion (Poros CM-20, Perseptive Biosystems) exchange resins. The columns are equilibrated with 40 mM sodium acetate, pH 6.0. Both columns are washed with 40 mM sodium acetate, pH 6.0, 200 mM NaCl. The CM-20 column is then eluted using a 10 column volume linear gradient ranging from 0.2 M NaCl, 50 mM sodium acetate, pH 6.0 to 1.0 M NaCl, 50 mM sodium acetate, pH 6.5. Fractions are collected under constant A_{280} monitoring of the effluent. Fractions containing the polypeptide (determined, for instance, by 16% SDS-PAGE) are then pooled.

The resultant polypeptide should exhibit greater than 95% purity after the above refolding and purification steps. No major contaminant bands should be observed from Commassie blue stained 16% SDS-PAGE gel when 5 μg of purified protein is loaded. The purified protein can also be tested for endotoxin/LPS contamination, and typically the LPS content is less than 0.1 ng/ml according to LAL assays.

Example 7: Cloning and Expression of a Polypeptide in a Baculovirus Expression System

In this example, the plasmid shuttle vector pA2 is used to insert a polynucleotide into a baculovirus to express a polypeptide. This expression vector contains the strong polyhedrin promoter of the *Autographa californica* nuclear polyhedrosis virus (AcMNPV) followed by convenient restriction sites such as BamHI, Xba I and Asp718. The polyadenylation site of the simian virus 40 ("SV40") is used for efficient polyadenylation. For easy selection of recombinant virus, the plasmid contains the beta-galactosidase gene from *E. coli* under control of a weak Drosophila promoter in the same orientation, followed by the polyadenylation signal of the polyhedrin gene. The inserted genes are flanked on both sides by viral sequences for cell-mediated homologous recombination with wild-type viral DNA to generate a viable virus that express the cloned polynucleotide.

Many other baculovirus vectors can be used in place of the vector above, such as pAc373, pVL941, and pAcIM1, as one skilled in the art would readily appreciate, as long as the construct provides appropriately located signals for transcription, translation, secretion and the like, including a signal peptide and an in-frame AUG as required. Such vectors are described, for instance, in Luckow et al., Virology 170:31-39 (1989).

Specifically, the cDNA sequence contained in the deposited clone, including the AUG initiation codon, is amplified using the PCR protocol described in Example 1. If a naturally occurring signal sequence is used to produce the polypeptide of the present invention, the pA2 vector does not need a second signal peptide. Alternatively, the vector can be modified (pA2 GP) to include a baculovirus leader sequence, using the standard methods described in Summers et al., "A Manual of Methods for Baculovirus Vectors and Insect Cell Culture Procedures," Texas Agricultural Experimental Station Bulletin No. 1555 (1987).

The amplified fragment is isolated from a 1% agarose gel using a commercially available kit ("~~Geneclean~~GENECLEAN™," BIO 101 Inc., La Jolla, Ca.). The fragment then is digested with appropriate restriction enzymes and again purified on a 1% agarose gel.

The plasmid is digested with the corresponding restriction enzymes and optionally, can be dephosphorylated using calf intestinal phosphatase, using routine procedures known in the art. The DNA is then isolated from a 1% agarose gel using a commercially available kit ("~~Geneclean~~GENECLEAN™" BIO 101 Inc., La Jolla, Ca.).

The fragment and the dephosphorylated plasmid are ligated together with T4 DNA ligase. *E. coli* HB101 or other suitable *E. coli* hosts such as XL-1 Blue (~~Stratagene~~STRATAGENE™ Cloning Systems, La Jolla, CA) cells are transformed with the ligation mixture and spread on culture plates. Bacteria containing the plasmid are identified by digesting DNA from individual

colonies and analyzing the digestion product by gel electrophoresis. The sequence of the cloned fragment is confirmed by DNA sequencing.

Five µg of a plasmid containing the polynucleotide is co-transfected with 1.0 µg of a commercially available linearized baculovirus DNA ("~~BaculoGold™~~BACULOGOLD™ baculovirus DNA, Pharmingen, San Diego, CA), using the lipofection method described by Felgner et al., Proc. Natl. Acad. Sci. USA 84:7413-7417 (1987). One µg of ~~BaculoGold™~~BACULOGOLD™ virus DNA and 5 µg of the plasmid are mixed in a sterile well of a microtiter plate containing 50 µl of serum-free Grace's medium (LIFE TECHNOLOGIES™~~Life Technologies~~ Inc., Gaithersburg, MD). Afterwards, 10 µl ~~Lipofectin~~LIPOFECTIN™ plus 90 µl Grace's medium are added, mixed and incubated for 15 minutes at room temperature. Then the transfection mixture is added drop-wise to Sf9 insect cells (~~ATCC~~ATCC™ CRL 1711) seeded in a 35 mm tissue culture plate with 1 ml Grace's medium without serum. The plate is then incubated for 5 hours at 27° C. The transfection solution is then removed from the plate and 1 ml of Grace's insect medium supplemented with 10% fetal calf serum is added. Cultivation is then continued at 27° C for four days.

After four days the supernatant is collected and a plaque assay is performed, as described by Summers and Smith, *supra*. An agarose gel with "Blue Gal" (LIFE TECHNOLOGIES™~~Life Technologies~~ Inc., Gaithersburg) is used to allow easy identification and isolation of gal-expressing clones, which produce blue-stained plaques. (A detailed description of a "plaque assay" of this type can also be found in the user's guide for insect cell culture and baculovirology distributed by LIFE TECHNOLOGIES™~~Life Technologies~~ Inc., Gaithersburg, page 9-10.) After appropriate incubation, blue stained plaques are picked with the tip of a micropipettor (e.g., Eppendorf). The agar containing the recombinant viruses is then resuspended in a microcentrifuge tube containing 200 µl of Grace's medium and the suspension containing the recombinant baculovirus is used to infect Sf9 cells seeded in 35 mm dishes. Four days later the supernatants of these culture dishes are harvested and then they are stored at 4° C.

To verify the expression of the polypeptide, Sf9 cells are grown in Grace's medium supplemented with 10% heat-inactivated FBS. The cells are infected with the recombinant baculovirus containing the polynucleotide at a multiplicity of infection ("MOI") of about 2. If radiolabeled proteins are desired, 6 hours later the medium is removed and is replaced with SF900 II medium minus methionine and cysteine (available from LIFE TECHNOLOGIES™~~Life Technologies~~ Inc., Rockville, MD). After 42 hours, 5 µCi of ^{35}S-methionine and 5 µCi ^{35}S-cysteine (available from Amersham) are added. The cells are further incubated for 16 hours and then are harvested by centrifugation. The proteins in the supernatant as well as the intracellular proteins are analyzed by SDS-PAGE followed by autoradiography (if radiolabeled).

Microsequencing of the amino acid sequence of the amino terminus of purified protein may be used to determine the amino terminal sequence of the produced protein.

Example 8: Expression of a Polypeptide in Mammalian Cells

The polypeptide of the present invention can be expressed in a mammalian cell. A typical mammalian expression vector contains a promoter element, which mediates the initiation of transcription of mRNA, a protein coding sequence, and signals required for the termination of transcription and polyadenylation of the transcript. Additional elements include enhancers, Kozak sequences and intervening sequences flanked by donor and acceptor sites for RNA splicing. Highly efficient transcription is achieved with the early and late promoters from SV40, the long terminal repeats (LTRs) from Retroviruses, e.g., RSV, HTLVI, HIVI and the early promoter of the cytomegalovirus (CMV). However, cellular elements can also be used (e.g., the human actin promoter).

Suitable expression vectors for use in practicing the present invention include, for example, vectors such as pSVL and pMSG (~~Pharmacia~~PHARMACIA™, Uppsala, Sweden), pRSVcat (~~ATCC~~ATCC™ 37152), pSV2dhfr (~~ATCC~~ATCC™ 37146), pBC12MI (~~ATCC~~ATCC™ 67109), pCMVSport 2.0, and pCMVSport 3.0. Mammalian host cells that could be used include, human Hela, 293, H9 and Jurkat cells, mouse NIH3T3 and C127 cells, Cos 1, Cos 7 and CV1, quail QC1-3 cells, mouse L cells and Chinese hamster ovary (CHO) cells.

Alternatively, the polypeptide can be expressed in stable cell lines containing the polynucleotide integrated into a chromosome. The co-transfection with a selectable marker such as DHFR, gpt, neomycin, or hygromycin allows the identification and isolation of the transfected cells.

The transfected gene can also be amplified to express large amounts of the encoded protein. The DHFR (dihydrofolate reductase) marker is useful in developing cell lines that carry several hundred or even several thousand copies of the gene of interest. (See, e.g., Alt, F. W., et al., J. Biol. Chem. 253:1357-1370 (1978); Hamlin, J. L. and Ma, C., Biochem. et Biophys. Acta, 1097:107-143 (1990); Page, M. J. and Sydenham, M. A., Biotechnology 9:64-68 (1991)). Another useful selection marker is the enzyme glutamine synthase (GS) (Murphy et al., Biochem J. 227:277-279 (1991); Bebbington et al., Bio/Technology 10:169-175 (1992). Using these markers, the mammalian cells are grown in selective medium and the cells with the highest resistance are selected. These cell lines contain the amplified gene(s) integrated into a chromosome. Chinese hamster ovary (CHO) and NSO cells are often used for the production of proteins.

Derivatives of the plasmid pSV2-dhfr (~~ATCC~~ATCC™ Accession No. 37146), the expression vectors pC4 (~~ATCC~~ATCC™ Accession No. 209646) and pC6 (~~ATCC~~ATCC™ Accession No.209647) contain the strong promoter (LTR) of the Rous Sarcoma Virus (Cullen et al., Molecular and Cellular Biology, 438-447 (March, 1985)) plus a fragment of the CMV-

enhancer (Boshart et al., Cell 41:521-530 (1985)). Multiple cloning sites, e.g., with the restriction enzyme cleavage sites BamHI, XbaI and Asp718, facilitate the cloning of the gene of interest. The vectors also contain the 3' intron, the polyadenylation and termination signal of the rat preproinsulin gene, and the mouse DHFR gene under control of the SV40 early promoter.

Specifically, the plasmid pC6, for example, is digested with appropriate restriction enzymes and then dephosphorylated using calf intestinal phosphates by procedures known in the art. The vector is then isolated from a 1% agarose gel.

A polynucleotide of the present invention is amplified according to the protocol outlined in Example 1. If a naturally occurring signal sequence is used to produce the polypeptide of the present invention, the vector does not need a second signal peptide. Alternatively, if a naturally occurring signal sequence is not used, the vector can be modified to include a heterologous signal sequence. (See, e.g., International Publication No. WO 96/34891.)

The amplified fragment is isolated from a 1% agarose gel using a commercially available kit ("~~Geneclean~~GENECLEAN™," BIO 101 Inc., La Jolla, Ca.). The fragment then is digested with appropriate restriction enzymes and again purified on a 1% agarose gel.

The amplified fragment is then digested with the same restriction enzyme and purified on a 1% agarose gel. The isolated fragment and the dephosphorylated vector are then ligated with T4 DNA ligase. *E. coli* HB101 or XL-1 Blue cells are then transformed and bacteria are identified that contain the fragment inserted into plasmid pC6 using, for instance, restriction enzyme analysis.

Chinese hamster ovary cells lacking an active DHFR gene is used for transfection. Five µg of the expression plasmid pC6 or pC4 is cotransfected with 0.5 µg of the plasmid pSVneo using ~~lipofectin~~LIPOFECTIN™ (Felgner et al., *supra*). The plasmid pSV2-neo contains a dominant selectable marker, the *neo* gene from Tn5 encoding an enzyme that confers resistance to a group of antibiotics including G418. The cells are seeded in alpha minus MEM supplemented with 1 mg/ml G418. After 2 days, the cells are trypsinized and seeded in hybridoma cloning plates (Greiner, Germany) in alpha minus MEM supplemented with 10, 25, or 50 ng/ml of methotrexate plus 1 mg/ml G418. After about 10-14 days single clones are trypsinized and then seeded in 6-well petri dishes or 10 ml flasks using different concentrations of methotrexate (50 nM, 100 nM, 200 nM, 400 nM, 800 nM). Clones growing at the highest concentrations of methotrexate are then transferred to new 6-well plates containing even higher concentrations of methotrexate (1 µM, 2 µM, 5 µM, 10 mM, 20 mM). The same procedure is repeated until clones are obtained which grow at a concentration of 100 - 200 µM. Expression of the desired gene product is analyzed, for instance, by SDS-PAGE and Western blot or by reversed phase HPLC analysis.

Example 9: Protein Fusions

The polypeptides of the present invention are preferably fused to other proteins. These fusion proteins can be used for a variety of applications. For example, fusion of the present polypeptides to His-tag, HA-tag, protein A, IgG domains, and maltose binding protein facilitates purification. (See Example 5; see also EP A 394,827; Traunecker, et al., Nature 331:84-86 (1988)). Similarly, fusion to IgG-1, IgG-3, and albumin increases the halflife time *in vivo*. Nuclear localization signals fused to the polypeptides of the present invention can target the protein to a specific subcellular localization, while covalent heterodimer or homodimers can increase or decrease the activity of a fusion protein. Fusion proteins can also create chimeric molecules having more than one function. Finally, fusion proteins can increase solubility and/or stability of the fused protein compared to the non-fused protein. All of the types of fusion proteins described above can be made by modifying the following protocol, which outlines the fusion of a polypeptide to an IgG molecule, or the protocol described in Example 5.

Briefly, the human Fc portion of the IgG molecule can be PCR amplified, using primers that span the 5' and 3' ends of the sequence described below. These primers also should have convenient restriction enzyme sites that will facilitate cloning into an expression vector, preferably a mammalian expression vector.

For example, if pC4 (ATCC™ Accession No. 209646) is used, the human Fc portion can be ligated into the BamHI cloning site. Note that the 3' BamHI site should be destroyed. Next, the vector containing the human Fc portion is re-restricted with BamHI, linearizing the vector, and a polynucleotide of the present invention, isolated by the PCR protocol described in Example 1, is ligated into this BamHI site. Note that the polynucleotide is cloned without a stop codon, otherwise a fusion protein will not be produced.

If the naturally occurring signal sequence is used to produce the polypeptide of the present invention, pC4 does not need a second signal peptide. Alternatively, if the naturally occurring signal sequence is not used, the vector can be modified to include a heterologous signal sequence. (See, e.g., International Publication No. WO 96/34891.)

Human IgG Fc region:

GGGATCCGGAGCCCAAATCTTCTGACAAAACTCACACATGCCCACCGTGCCCA
GCACCTGAATTCGAGGGTGCACCGTCAGTCTTCCTCTTCCCCCCAAAACCCAAGGACA
CCCTCATGATCTCCCGGACTCCTGAGGTCACATGCGTGGTGGTGGACGTAAGCCACGA
AGACCCTGAGGTCAAGTTCAACTGGTACGTGGACGGCGTGGAGGTGCATAATGCCAA
GACAAAGCCGCGGGAGGAGCAGTACAACAGCACGTACCGTGTGGTCAGCGTCCTCAC
CGTCCTGCACCAGGACTGGCTGAATGGCAAGGAGTACAAGTGCAAGGTCTCCAACAA
AGCCCTCCCAACCCCCATCGAGAAAACCATCTCCAAAGCCAAAGGGCAGCCCCGAGA

ACCACAGGTGTACACCCTGCCCCCATCCCGGGATGAGCTGACCAAGAACCAGGTCAG
CCTGACCTGCCTGGTCAAAGGCTTCTATCCAAGCGACATCGCCGTGGAGTGGGAGAG
CAATGGGCAGCCGGAGAACAACTACAAGACCACGCCTCCCGTGCTGGACTCCGACGG
CTCCTTCTTCCTCTACAGCAAGCTCACCGTGGACAAGAGCAGGTGGCAGCAGGGGAA
CGTCTTCTCATGCTCCGTGATGCATGAGGCTCTGCACAACCACTACACGCAGAAGAGC
CTCTCCCTGTCTCCGGGTAAATGAGTGCGACGGCCGCGACTCTAGAGGAT (SEQ ID NO: 1)

Example 10: Production of an Antibody from a Polypeptide

a) Hybridoma Technology

The antibodies of the present invention can be prepared by a variety of methods. (See, Current Protocols, Chapter 2.) As one example of such methods, cells expressing a polypeptide of the present invention are administered to an animal to induce the production of sera containing polyclonal antibodies. In a preferred method, a preparation of a polypeptide of the present invention is prepared and purified to render it substantially free of natural contaminants. Such a preparation is then introduced into an animal in order to produce polyclonal antisera of greater specific activity.

Monoclonal antibodies specific for a polypeptide of the present invention are prepared using hybridoma technology (Kohler et al., Nature 256:495 (1975); Kohler et al., Eur. J. Immunol. 6:511 (1976); Kohler et al., Eur. J. Immunol. 6:292 (1976); Hammerling et al., in: Monoclonal Antibodies and T-Cell Hybridomas, Elsevier, N.Y., pp. 563-681 (1981)). In general, an animal (preferably a mouse) is immunized with a polypeptide of the present invention or, more preferably, with a secreted polypeptide-expressing cell. Such polypeptide-expressing cells are cultured in any suitable tissue culture medium, preferably in Earle's modified Eagle's medium supplemented with 10% fetal bovine serum (inactivated at about 56°C), and supplemented with about 10 g/l of nonessential amino acids, about 1,000 U/ml of penicillin, and about 100 µg/ml of streptomycin.

The splenocytes of such mice are extracted and fused with a suitable myeloma cell line. Any suitable myeloma cell line may be employed in accordance with the present invention; however, it is preferable to employ the parent myeloma cell line (SP2O), available from the ATCC™. After fusion, the resulting hybridoma cells are selectively maintained in HAT medium, and then cloned by limiting dilution as described by Wands et al. (Gastroenterology 80:225-232 (1981)). The hybridoma cells obtained through such a selection are then assayed to identify clones which secrete antibodies capable of binding the polypeptide of the present invention .

Alternatively, additional antibodies capable of binding to a polypeptide of the present invention can be produced in a two-step procedure using anti-idiotypic antibodies. Such a method

makes use of the fact that antibodies are themselves antigens, and therefore, it is possible to obtain an antibody which binds to a second antibody. In accordance with this method, protein specific antibodies are used to immunize an animal, preferably a mouse. The splenocytes of such an animal are then used to produce hybridoma cells, and the hybridoma cells are screened to identify clones which produce an antibody whose ability to bind to the polypeptide-specific antibody can be blocked by said polypeptide. Such antibodies comprise anti-idiotypic antibodies to the polypeptide-specific antibody and are used to immunize an animal to induce formation of further polypeptide-specific antibodies.

For *in vivo* use of antibodies in humans, an antibody is "humanized". Such antibodies can be produced using genetic constructs derived from hybridoma cells producing the monoclonal antibodies described above. Methods for producing chimeric and humanized antibodies are known in the art and are discussed herein. (See, for review, Morrison, Science 229:1202 (1985); Oi et al., BioTechniques 4:214 (1986); Cabilly et al., U.S. Patent No. 4,816,567; Taniguchi et al., EP 171496; Morrison et al., EP 173494; Neuberger et al., WO 8601533; Robinson et al., International Publication No. WO 8702671; Boulianne et al., Nature 312:643 (1984); Neuberger et al., Nature 314:268 (1985)).

b) Isolation Of Antibody Fragments Directed Against a Polypeptide of the Present Invention From A Library Of scFvs

Naturally occurring V-genes isolated from human PBLs are constructed into a library of antibody fragments which contain reactivities against a polypeptide of the present invention to which the donor may or may not have been exposed (see e.g., U.S. Patent 5,885,793 incorporated herein by reference in its entirety).

Rescue of the Library. A library of scFvs is constructed from the RNA of human PBLs as described in International Publication No. WO 92/01047. To rescue phage displaying antibody fragments, approximately 10^9 *E. coli* harboring the phagemid are used to inoculate 50 ml of 2xTY containing 1% glucose and 100 µg/ml of ampicillin (2xTY-AMP-GLU) and grown to an O.D. of 0.8 with shaking. Five ml of this culture is used to inoculate 50 ml of 2xTY-AMP-GLU, 2 x 108 TU of delta gene 3 helper (M13 delta gene III, see International Publication No. WO 92/01047) are added and the culture incubated at 37°C for 45 minutes without shaking and then at 37°C for 45 minutes with shaking. The culture is centrifuged at 4000 r.p.m. for 10 min. and the pellet resuspended in 2 liters of 2xTY containing 100 µg/ml ampicillin and 50 ug/ml kanamycin and grown overnight. Phage are prepared as described in International Publication No. WO 92/01047.

M13 delta gene III is prepared as follows: M13 delta gene III helper phage does not encode gene III protein, hence the phage(mid) displaying antibody fragments have a greater avidity of binding to antigen. Infectious M13 delta gene III particles are made by growing the helper phage in cells harboring a pUC19 derivative supplying the wild type gene III protein during

phage morphogenesis. The culture is incubated for 1 hour at 37° C without shaking and then for a further hour at 37°C with shaking. Cells are spun down (IEC-Centra 8,400 r.p.m. for 10 min), resuspended in 300 ml 2xTY broth containing 100 μg ampicillin/ml and 25 μg kanamycin/ml (2xTY-AMP-KAN) and grown overnight, shaking at 37°C. Phage particles are purified and concentrated from the culture medium by two PEG-precipitations (Sambrook et al., 1990), resuspended in 2 ml PBS and passed through a 0.45 μm filter (Minisart NML; Sartorius) to give a final concentration of approximately 10^{13} transducing units/ml (ampicillin-resistant clones).

Panning of the Library. Immunotubes (Nunc) are coated overnight in PBS with 4 ml of either 100 μg/ml or 10 μg/ml of a polypeptide of the present invention. Tubes are blocked with 2% Marvel-PBS for 2 hours at 37°C and then washed 3 times in PBS. Approximately 10^{13} TU of phage is applied to the tube and incubated for 30 minutes at room temperature tumbling on an over and under turntable and then left to stand for another 1.5 hours. Tubes are washed 10 times with PBS 0.1% Tween-20 and 10 times with PBS. Phage are eluted by adding 1 ml of 100 mM triethylamine and rotating 15 minutes on an under and over turntable after which the solution is immediately neutralized with 0.5 ml of 1.0M Tris-HCl, pH 7.4. Phage are then used to infect 10 ml of mid-log E. coli TG1 by incubating eluted phage with bacteria for 30 minutes at 37°C. The E. coli are then plated on TYE plates containing 1% glucose and 100 μg/ml ampicillin. The resulting bacterial library is then rescued with delta gene 3 helper phage as described above to prepare phage for a subsequent round of selection. This process is then repeated for a total of 4 rounds of affinity purification with tube-washing increased to 20 times with PBS, 0.1% Tween-20 and 20 times with PBS for rounds 3 and 4.

Characterization of Binders. Eluted phage from the 3rd and 4th rounds of selection are used to infect E. coli HB 2151 and soluble scFv is produced (Marks, et al., 1991) from single colonies for assay. ELISAs are performed with microtitre plates coated with either 10 pg/ml of the polypeptide of the present invention in 50 mM bicarbonate pH 9.6. Clones positive in ELISA are further characterized by PCR fingerprinting (see, e.g., International Publication No. WO 92/01047) and then by sequencing. These ELISA positive clones may also be further characterized by techniques known in the art, such as, for example, epitope mapping, binding affinity, receptor signal transduction, ability to block or competitively inhibit antibody/antigen binding, and competitive agonistic or antagonistic activity.

Example 11: Method of Determining Alterations in a Gene Corresponding to a Polynucleotide

RNA isolated from entire families or individual patients presenting with cancer or a hyperproliferative disease or disorder is isolated. cDNA is then generated from these RNA samples using protocols known in the art. (See, Sambrook.) The cDNA is then used as a template

for PCR, employing primers surrounding regions of interest in SEQ ID NO:X; and/or the nucleotide sequence of the cDNA contained in ~~ATCC~~ATCC™ Deposit No:Z. Suggested PCR conditions consist of 35 cycles at 95 degrees C for 30 seconds; 60-120 seconds at 52-58 degrees C; and 60-120 seconds at 70 degrees C, using buffer solutions described in Sidransky et al., Science 252:706 (1991).

PCR products are then sequenced using primers labeled at their 5' end with T4 polynucleotide kinase, employing SequiTherm Polymerase (Epicentre Technologies). The intron-exon boundaries of selected exons is also determined and genomic PCR products analyzed to confirm the results. PCR products harboring suspected mutations are then cloned and sequenced to validate the results of the direct sequencing.

PCR products are cloned into T-tailed vectors as described in Holton et al., Nucleic Acids Research, 19:1156 (1991) and sequenced with T7 polymerase (United States Biochemical). Affected individuals are identified by mutations not present in unaffected individuals.

Genomic rearrangements are also observed as a method of determining alterations in a gene corresponding to a polynucleotide. Genomic clones isolated according to Example 2 are nick-translated with digoxigenindeoxy-uridine 5'-triphosphate (~~Boehringer~~BOEHRINGER™ Manheim), and FISH performed as described in Johnson et al., Methods Cell Biol. 35:73-99 (1991). Hybridization with the labeled probe is carried out using a vast excess of human cot-1 DNA for specific hybridization to the corresponding genomic locus.

Chromosomes are counterstained with 4,6-diamino-2-phenylidole and propidium iodide, producing a combination of C- and R-bands. Aligned images for precise mapping are obtained using a triple-band filter set (Chroma Technology, Brattleboro, VT) in combination with a cooled charge-coupled device camera (Photometrics, Tucson, AZ) and variable excitation wavelength filters. (Johnson et al., Genet. Anal. Tech. Appl., 8:75 (1991)). Image collection, analysis and chromosomal fractional length measurements are performed using the ISee Graphical Program System. (Inovision Corporation, Durham, NC.) Chromosome alterations of the genomic region hybridized by the probe are identified as insertions, deletions, and translocations. These alterations are used as a diagnostic marker for an associated disease.

Example 12: Method of Detecting Abnormal Levels of a Polypeptide in a Biological Sample

A polypeptide of the present invention can be detected in a biological sample, and if an increased or decreased level of the polypeptide is detected, this polypeptide is a marker for a particular phenotype. Methods of detection are numerous, and thus, it is understood that one skilled in the art can modify the following assay to fit their particular needs.

For example, antibody-sandwich ELISAs are used to detect polypeptides in a sample, preferably a biological sample. Wells of a microtiter plate are coated with specific antibodies, at a final concentration of 0.2 to 10 ug/ml. The antibodies are either monoclonal or polyclonal and are produced by the method described in Example 10. The wells are blocked so that non-specific binding of the polypeptide to the well is reduced.

The coated wells are then incubated for > 2 hours at RT with a sample containing the polypeptide. Preferably, serial dilutions of the sample should be used to validate results. The plates are then washed three times with deionized or distilled water to remove unbound polypeptide.

Next, 50 ul of specific antibody-alkaline phosphatase conjugate, at a concentration of 25-400 ng, is added and incubated for 2 hours at room temperature. The plates are again washed three times with deionized or distilled water to remove unbound conjugate.

Add 75 ul of 4-methylumbelliferyl phosphate (MUP) or p-nitrophenyl phosphate (NPP) substrate solution to each well and incubate 1 hour at room temperature. Measure the reaction by a microtiter plate reader. Prepare a standard curve, using serial dilutions of a control sample, and plot polypeptide concentration on the X-axis (log scale) and fluorescence or absorbance of the Y-axis (linear scale). Interpolate the concentration of the polypeptide in the sample using the standard curve.

Example 13: Formulation

The invention also provides methods of preventing, treating and/or ameliorating cancer or other hyperproliferative disorders by administration to a subject of an effective amount of a Therapeutic. By therapeutic is meant polynucleotides or polypeptides of the invention (including fragments and variants), agonists or antagonists thereof, and/or antibodies thereto, in combination with a pharmaceutically acceptable carrier type (e.g., a sterile carrier).

The Therapeutic will be formulated and dosed in a fashion consistent with good medical practice, taking into account the clinical condition of the individual patient (especially the side effects of treatment with the Therapeutic alone), the site of delivery, the method of administration, the scheduling of administration, and other factors known to practitioners. The "effective amount" for purposes herein is thus determined by such considerations.

As a general proposition, the total pharmaceutically effective amount of the Therapeutic administered parenterally per dose will be in the range of about 1ug/kg/day to 10 mg/kg/day of patient body weight, although, as noted above, this will be subject to therapeutic discretion. More preferably, this dose is at least 0.01 mg/kg/day, and most preferably for humans between about 0.01 and 1 mg/kg/day for the hormone. If given continuously, the Therapeutic is typically administered at a dose rate of about 1 ug/kg/hour to about 50 ug/kg/hour, either by 1-4 injections

per day or by continuous subcutaneous infusions, for example, using a mini-pump. An intravenous bag solution may also be employed. The length of treatment needed to observe changes and the interval following treatment for responses to occur appears to vary depending on the desired effect.

Therapeutics can be are administered orally, rectally, parenterally, intracistemally, intravaginally, intraperitoneally, topically (as by powders, ointments, gels, drops or transdermal patch), bucally, or as an oral or nasal spray. "Pharmaceutically acceptable carrier" refers to a non-toxic solid, semisolid or liquid filler, diluent, encapsulating material or formulation auxiliary of any. The term "parenteral" as used herein refers to modes of administration which include intravenous, intramuscular, intraperitoneal, intrasternal, subcutaneous and intraarticular injection and infusion.

Therapeutics of the invention are also suitably administered by sustained-release systems. Suitable examples of sustained-release Therapeutics are administered orally, rectally, parenterally, intracistemally, intravaginally, intraperitoneally, topically (as by powders, ointments, gels, drops or transdermal patch), bucally, or as an oral or nasal spray. "Pharmaceutically acceptable carrier" refers to a non-toxic solid, semisolid or liquid filler, diluent, encapsulating material or formulation auxiliary of any type. The term "parenteral" as used herein refers to modes of administration which include intravenous, intramuscular, intraperitoneal, intrasternal, subcutaneous and intraarticular injection and infusion.

Therapeutics of the invention are also suitably administered by sustained-release systems. Suitable examples of sustained-release Therapeutics include suitable polymeric materials (such as, for example, semi-permeable polymer matrices in the form of shaped articles, e.g., films, or mirocapsules), suitable hydrophobic materials (for example as an emulsion in an acceptable oil) or ion exchange resins, and sparingly soluble derivatives (such as, for example, a sparingly soluble salt).

Sustained-release matrices include polylactides (U.S. Pat. No. 3,773,919, EP 58,481), copolymers of L-glutamic acid and gamma-ethyl-L-glutamate (Sidman et al., Biopolymers 22:547-556 (1983)), poly (2- hydroxyethyl methacrylate) (Langer et al., J. Biomed. Mater. Res. 15:167-277 (1981), and Langer, Chem. Tech. 12:98-105 (1982)), ethylene vinyl acetate (Langer et al., Id.) or poly-D- (-)-3-hydroxybutyric acid (EP 133,988).

In a preferred embodiment, polypeptide, polynucleotide, and antibody compositions of the invention are formulated in a biodegradable, polymeric drug delivery system, for example as described in U.S. Patent Nos. 4,938,763; 5,278,201; 5,278,202; 5,324,519; 5,340,849; and 5,487,897 and in International Publication Numbers WO01/35929, WO00/24374, and WO00/06117 which are hereby incorporated by reference in their entirety. In specific preferred embodiments the polypeptide, polynucleotide, and antibody compositions of the invention are

formulated using the ATRIGEL® Biodegradable System of Atrix Laboratories, Inc. (Fort Collins, Colorado).

Examples of biodegradable polymers which can be used in the formulation of polypeptide, polynucleotide, and antibody compositions, include but are not limited to, polylactides, polyglycolides, polycaprolactones, polyanhydrides, polyamides, polyurethanes, polyesteramides, polyorthoesters, polydioxanones, polyacetals, polyketals, polycarbonates, polyorthocarbonates, polyphosphazenes, polyhydroxybutyrates, polyhydroxyvalerates, polyalkylene oxalates, polyalkylene succinates, poly(malic acid), poly(amino acids), poly(methyl vinyl ether), poly(maleic anhydride), polyvinylpyrrolidone, polyethylene glycol, polyhydroxycellulose, chitin, chitosan, and copolymers, terpolymers, or combinations or mixtures of the above materials. The preferred polymers are those that have a lower degree of crystallization and are more hydrophobic. These polymers and copolymers are more soluble in the biocompatible solvents than the highly crystalline polymers such as polyglycolide and chitin which also have a high degree of hydrogen-bonding. Preferred materials with the desired solubility parameters are the polylactides, polycaprolactones, and copolymers of these with glycolide in which there are more amorphous regions to enhance solubility. In specific preferred embodiments, the biodegradable polymers which can be used in the formulation of polypeptide, polynucleotide, and antibody compositions are poly(lactide-co-glycolides). Polymer properties such as molecular weight, hydrophobicity, and lactide/glycolide ratio may be modified to obtain the desired polypeptide, polynucleotide, or antibody release profile (See, e.g., Ravivarapu et al., Journal of Pharmaceutical Sciences 89:732-741 (2000), which is hereby incorporated by reference in its entirety).

It is also preferred that the solvent for the biodegradable polymer be non-toxic, water miscible, and otherwise biocompatible. Examples of such solvents include, but are not limited to, N-methyl-2-pyrrolidone, 2-pyrrolidone, C2 to C6 alkanols, C1 to C15 alchohols, dils, triols, and tetraols such as ethanol, glycerine propylene glycol, butanol; C3 to C15 alkyl ketones such as acetone, diethyl ketone and methyl ethyl ketone; C3 to C15 esters such as methyl acetate, ethyl acetate, ethyl lactate; alkyl ketones such as methyl ethyl ketone, C1 to C15 amides such as dimethylformamide, dimethylacetamide and caprolactam; C3 to C20 ethers such as tetrahydrofuran, or solketal; tweens, triacetin, propylene carbonate, decylmethylsulfoxide, dimethyl sulfoxide, oleic acid, 1-dodecylazacycloheptan-2-one, Other preferred solvents are benzyl alchohol, benzyl benzoate, dipropylene glycol, tributyrin, ethyl oleate, glycerin, glycofural, isopropyl myristate, isopropyl palmitate, oleic acid, polyethylene glycol, propylene carbonate, and triethyl citrate. The most preferred solvents are N-methyl-2-pyrrolidone, 2-pyrrolidone, dimethyl sulfoxide, triacetin, and propylene carbonate because of the solvating ability and their compatibility.

Additionally, formulations comprising polypeptide, polynucleotide, and antibody compositions and a biodegradable polymer may also include release-rate modification agents

and/or pore-forming agents. Examples of release-rate modification agents include, but are not limited to, fatty acids, triglycerides, other like hydrophobic compounds, organic solvents, plasticizing compounds and hydrophilic compounds. Suitable release rate modification agents include, for example, esters of mono-, di-, and tricarboxylic acids, such as 2-ethoxyethyl acetate, methyl acetate, ethyl acetate, diethyl phthalate, dimethyl phthalate, dibutyl phthalate, dimethyl adipate, dimethyl succinate, dimethyl oxalate, dimethyl citrate, triethyl citrate, acetyl tributyl citrate, acetyl triethyl citrate, glycerol triacetate, di(n-butyl) sebecate, and the like; polyhydroxy alcohols, such as propylene glycol, polyethylene glycol, glycerin, sorbitol, and the like; fatty acids; triesters of glycerol, such as triglycerides, epoxidized soybean oil, and other epoxidized vegetable oils; sterols, such as cholesterol; alcohols, such as C.sub.6 -C.sub.12 alkanols, 2-ethoxyethanol. The release rate modification agent may be used singly or in combination with other such agents. Suitable combinations of release rate modification agents include, but are not limited to, glycerin/propylene glycol, sorbitol/glycerine, ethylene oxide/propylene oxide, butylene glycol/adipic acid, and the like. Preferred release rate modification agents include, but are not limited to, dimethyl citrate, triethyl citrate, ethyl heptanoate, glycerin, and hexanediol. Suitable pore-forming agents that may be used in the polymer composition include, but are not limited to, sugars such as sucrose and dextrose, salts such as sodium chloride and sodium carbonate, polymers such as hydroxylpropylcellulose, carboxymethylcellulose, polyethylene glycol, and polyvinylpyrrolidone. Solid crystals that will provide a defined pore size, such as salt or sugar, are preferred.

In specific preferred embodiments the polypeptide, polynucleotide, and antibody compositions of the invention are formulated using the BEMA™ BioErodible Mucoadhesive System, MCA™ MucoCutaneous Absorption System, SMP™ Solvent MicroParticle System, or BCP™ BioCompatible Polymer System of Atrix Laboratories, Inc. (Fort Collins, Colorado).

Sustained-release Therapeutics also include liposomally entrapped Therapeutics of the invention (*see* generally, Langer, *Science* 249:1527-1533 (1990); Treat et al., in *Liposomes in the Therapy of Infectious Disease and Cancer*, Lopez-Berestein and Fidler (eds.), Liss, New York, pp. 317 -327 and 353-365 (1989)). Liposomes containing the Therapeutic are prepared by methods known per se: DE 3,218,121; Epstein et al., Proc. Natl. Acad. Sci. (USA) 82:3688-3692 (1985); Hwang et al., Proc. Natl. Acad. Sci.(USA) 77:4030-4034 (1980); EP 52,322; EP 36,676; EP 88,046; EP 143,949; EP 142,641; Japanese Pat. Appl. 83-118008; U.S. Pat. Nos. 4,485,045 and 4,544,545; and EP 102,324. Ordinarily, the liposomes are of the small (about 200-800 Angstroms) unilamellar type in which the lipid content is greater than about 30 mol. percent cholesterol, the selected proportion being adjusted for the optimal Therapeutic.

In yet an additional embodiment, the Therapeutics of the invention are delivered by way of a pump (*see* Langer, *supra*; Sefton, CRC Crit. Ref. Biomed. Eng. 14:201 (1987); Buchwald et al., Surgery 88:507 (1980); Saudek et al., N. Engl. J. Med. 321:574 (1989)).

Other controlled release systems are discussed in the review by Langer (*Science* 249:1527-1533 (1990)).

For parenteral administration, in one embodiment, the Therapeutic is formulated generally by mixing it at the desired degree of purity, in a unit dosage injectable form (solution, suspension, or emulsion), with a pharmaceutically acceptable carrier, i.e., one that is non-toxic to recipients at the dosages and concentrations employed and is compatible with other ingredients of the formulation. For example, the formulation preferably does not include oxidizing agents and other compounds that are known to be deleterious to the Therapeutic.

Generally, the formulations are prepared by contacting the Therapeutic uniformly and intimately with liquid carriers or finely divided solid carriers or both. Then, if necessary, the product is shaped into the desired formulation. Preferably the carrier is a parenteral carrier, more preferably a solution that is isotonic with the blood of the recipient. Examples of such carrier vehicles include water, saline, Ringer's solution, and dextrose solution. Non-aqueous vehicles such as fixed oils and ethyl oleate are also useful herein, as well as liposomes.

The carrier suitably contains minor amounts of additives such as substances that enhance isotonicity and chemical stability. Such materials are non-toxic to recipients at the dosages and concentrations employed, and include buffers such as phosphate, citrate, succinate, acetic acid, and other organic acids or their salts; antioxidants such as ascorbic acid; low molecular weight (less than about ten residues) polypeptides, e.g., polyarginine or tripeptides; proteins, such as serum albumin, gelatin, or immunoglobulins; hydrophilic polymers such as polyvinylpyrrolidone; amino acids, such as glycine, glutamic acid, aspartic acid, or arginine; monosaccharides, disaccharides, and other carbohydrates including cellulose or its derivatives, glucose, manose, or dextrins; chelating agents such as EDTA; sugar alcohols such as mannitol or sorbitol; counterions such as sodium; and/or nonionic surfactants such as polysorbates, poloxamers, or PEG.

The Therapeutic is typically formulated in such vehicles at a concentration of about 0.1 mg/ml to 100 mg/ml, preferably 1-10 mg/ml, at a pH of about 3 to 8. It will be understood that the use of certain of the foregoing excipients, carriers, or stabilizers will result in the formation of polypeptide salts.

Any pharmaceutical used for therapeutic administration can be sterile. Sterility is readily accomplished by filtration through sterile filtration membranes (e.g., 0.2 micron membranes). Therapeutics generally are placed into a container having a sterile access port, for example, an intravenous solution bag or vial having a stopper pierceable by a hypodermic injection needle.

Therapeutics ordinarily will be stored in unit or multi-dose containers, for example, sealed ampoules or vials, as an aqueous solution or as a lyophilized formulation for reconstitution. As an example of a lyophilized formulation, 10-ml vials are filled with 5 ml of sterile-filtered 1% (w/v) aqueous Therapeutic solution, and the resulting mixture is lyophilized. The infusion solution is prepared by reconstituting the lyophilized Therapeutic using bacteriostatic Water-for-Injection.

The invention also provides a pharmaceutical pack or kit comprising one or more containers filled with one or more of the ingredients of the Therapeutics of the invention. Associated with such container(s) can be a notice in the form prescribed by a governmental agency regulating the manufacture, use or sale of pharmaceuticals or biological products, which notice reflects approval by the agency of manufacture, use or sale for human administration. In addition, the Therapeutics may be employed in conjunction with other therapeutic compounds.

The Therapeutics of the invention may be administered alone or in combination with adjuvants. Adjuvants that may be administered with the Therapeutics of the invention include, but are not limited to, alum, alum plus deoxycholate (ImmunoAg), MTP-PE (Biocine Corp.), QS21 (~~Genentech~~GENENTECH™, Inc.), BCG (e.g., THERACYS®), MPL and nonviable prepartions of *Corynebacterium parvum*. In a specific embodiment, Therapeutics of the invention are administered in combination with alum. In another specific embodiment, Therapeutics of the invention are administered in combination with QS-21. Further adjuvants that may be administered with the Therapeutics of the invention include, but are not limited to, Monophosphoryl lipid immunomodulator, AdjuVax 100a, QS-21, QS-18, CRL1005, Aluminum salts, MF-59, and Virosomal adjuvant technology. Vaccines that may be administered with the Therapeutics of the invention include, but are not limited to, vaccines directed toward protection against MMR (measles, mumps, rubella), polio, varicella, tetanus/diptheria, hepatitis A, hepatitis B, haemophilus influenzae B, whooping cough, pneumonia, influenza, Lyme's Disease, rotavirus, cholera, yellow fever, Japanese encephalitis, poliomyelitis, rabies, typhoid fever, and pertussis. Combinations may be administered either concomitantly, e.g., as an admixture, separately but simultaneously or concurrently; or sequentially. This includes presentations in which the combined agents are administered together as a therapeutic mixture, and also procedures in which the combined agents are administered separately but simultaneously, e.g., as through separate intravenous lines into the same individual. Administration "in combination" further includes the separate administration of one of the compounds or agents given first, followed by the second.

The Therapeutics of the invention may be administered alone or in combination with other therapeutic agents. Therapeutic agents that may be administered in combination with the Therapeutics of the invention, include but not limited to, chemotherapeutic agents, antibiotics, steroidal and non-steroidal anti-inflammatories, conventional immunotherapeutic agents, and/or therapeutic treatments described below. Combinations may be administered either concomitantly, e.g., as an admixture, separately but simultaneously or concurrently; or sequentially. This includes presentations in which the combined agents are administered together as a therapeutic mixture, and also procedures in which the combined agents are administered separately but simultaneously, e.g., as through separate intravenous lines into the same individual. Administration "in combination" further includes the separate administration of one of the compounds or agents given first, followed by the second.

In one embodiment, the Therapeutics of the invention are administered in combination with an anticoagulant. Anticoagulants that may be administered with the compositions of the invention include, but are not limited to, heparin, low molecular weight heparin, warfarin sodium (e.g., COUMADIN®), dicumarol, 4-hydroxycoumarin, anisindione (e.g., MIRADON™), acenocoumarol (e.g., nicoumalone, SINTHROME™), indan-1,3-dione, phenprocoumon (e.g., MARCUMAR™), ethyl biscoumacetate (e.g., TROMEXAN™), and aspirin. In a specific embodiment, compositions of the invention are administered in combination with heparin and/or warfarin. In another specific embodiment, compositions of the invention are administered in combination with warfarin. In another specific embodiment, compositions of the invention are administered in combination with warfarin and aspirin. In another specific embodiment, compositions of the invention are administered in combination with heparin. In another specific embodiment, compositions of the invention are administered in combination with heparin and aspirin.

In another embodiment, the Therapeutics of the invention are administered in combination with thrombolytic drugs. Thrombolytic drugs that may be administered with the compositions of the invention include, but are not limited to, plasminogen, lys-plasminogen, alpha2-antiplasmin, streptokinae (e.g., KABIKINASE™), antiresplace (e.g., EMINASE™), tissue plasminogen activator (t-PA, altevase, ACTIVASE™), urokinase (e.g., ABBOKINASE™), sauruplase, (Prourokinase, single chain urokinase), and aminocaproic acid (e.g., AMICAR™). In a specific embodiment, compositions of the invention are administered in combination with tissue plasminogen activator and aspirin.

In another embodiment, the Therapeutics of the invention are administered in combination with antiplatelet drugs. Antiplatelet drugs that may be administered with the compositions of the invention include, but are not limited to, aspirin, dipyridamole (e.g., PERSANTINE™), and ticlopidine (e.g., TICLID™).

In specific embodiments, the use of anti-coagulants, thrombolytic and/or antiplatelet drugs in combination with Therapeutics of the invention is contemplated for the detection, prevention, diagnosis, prognostication, treatment, and/or amelioration of thrombosis, arterial thrombosis, venous thrombosis, thromboembolism, pulmonary embolism, atherosclerosis, myocardial infarction, transient ischemic attack, unstable angina. In specific embodiments, the use of anticoagulants, thrombolytic drugs and/or antiplatelet drugs in combination with Therapeutics of the invention is contemplated for the prevention of occulsion of saphenous grafts, for reducing the risk of periprocedural thrombosis as might accompany angioplasty procedures, for reducing the risk of stroke in patients with atrial fibrillation including nonrheumatic atrial fibrillation, for reducing the risk of embolism associated with mechanical heart valves and or mitral valves disease. Other uses for the therapeutics of the invention, alone or in combination with antiplatelet, anticoagulant, and/or thrombolytic drugs, include, but are not limited to, the prevention of

occlusions in extracorporeal devices (e.g., intravascular canulas, vascular access shunts in hemodialysis patients, hemodialysis machines, and cardiopulmonary bypass machines).

In certain embodiments, Therapeutics of the invention are administered in combination with antiretroviral agents, nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs), non-nucleoside reverse transcriptase inhibitors (NNRTIs), and/or protease inhibitors (PIs). NRTIs that may be administered in combination with the Therapeutics of the invention, include, but are not limited to, RETROVIR™ (zidovudine/AZT), VIDEX™ (didanosine/ddI), HIVID™ (zalcitabine/ddC), ZERIT™ (stavudine/d4T), EPIVIR™ (lamivudine/3TC), and COMBIVIR™ (zidovudine/lamivudine). NNRTIs that may be administered in combination with the Therapeutics of the invention, include, but are not limited to, VIRAMUNE™ (nevirapine), RESCRIPTOR™ (delavirdine), and SUSTIVA™ (efavirenz). Protease inhibitors that may be administered in combination with the Therapeutics of the invention, include, but are not limited to, CRIXIVAN™ (indinavir), NORVIR™ (ritonavir), INVIRASE™ (saquinavir), and VIRACEPT™ (nelfinavir). In a specific embodiment, antiretroviral agents, nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and/or protease inhibitors may be used in any combination with Therapeutics of the invention to treat AIDS and/or to prevent or treat HIV infection.

Additional NRTIs include LODENOSINE™ (F-ddA; an acid-stable adenosine NRTI; Triangle/~~Abbott~~ABBOTT™; COVIRACIL™ (emtricitabine/FTC; structurally related to lamivudine (3TC) but with 3- to 10-fold greater activity *in vitro*; Triangle/~~Abbott~~ABBOTT™); dOTC (BCH-10652, also structurally related to lamivudine but retains activity against a substantial proportion of lamivudine-resistant isolates; Biochem Pharma); Adefovir (refused approval for anti-HIV therapy by FDA; Gilead Sciences); PREVEON® (Adefovir Dipivoxil, the active prodrug of adefovir; its active form is PMEA-pp); TENOFOVIR™ (bis-POC PMPA, a PMPA prodrug; Gilead); DAPD/DXG (active metabolite of DAPD; Triangle/~~Abbott~~ABBOTT™); D-D4FC (related to 3TC, with activity against AZT/3TC-resistant virus); GW420867X (Glaxo Wellcome); ZIAGEN™ (abacavir/159U89; Glaxo Wellcome Inc.); CS-87 (3'azido-2',3'-dideoxyuridine; WO 99/66936); and S-acyl-2-thioethyl (SATE)-bearing prodrug forms of β-L-FD4C and β-L-FddC (WO 98/17281).

Additional NNRTIs include COACTINON™ (Emivirine/MKC-442, potent NNRTI of the HEPT class; Triangle/~~Abbott~~ABBOTT™); CAPRAVIRINE™ (AG-1549/S-1153, a next generation NNRTI with activity against viruses containing the K103N mutation; ~~Agouron~~AGOURON™); PNU-142721 (has 20- to 50-fold greater activity than its predecessor delavirdine and is active against K103N mutants; ~~Pharmacia~~PHARMACIA™ & Upjohn); DPC-961 and DPC-963 (second-generation derivatives of efavirenz, designed to be active against viruses with the K103N mutation; ~~DuPont~~DUPONT™); GW-420867X (has 25-fold greater

activity than HBY097 and is active against K103N mutants; Glaxo Wellcome); CALANOLIDE A (naturally occurring agent from the latex tree; active against viruses containing either or both the Y181C and K103N mutations); and Propolis (WO 99/49830).

Additional protease inhibitors include LOPINAVIR™ (ABT378/r; ~~Abbott~~ABBOTT™ Laboratories); BMS-232632 (an azapeptide; BRISTOL-MYERS SQUIBB™~~Bristol-Myers Squibb~~); TIPRANAVIR™ (PNU-140690, a non-peptic dihydropyrone; ~~Pharmacia~~PHARMACIA™ & Upjohn); PD-178390 (a nonpeptidic dihydropyrone; Parke-Davis); BMS 232632 (an azapeptide; BRISTOL-MYERS SQUIBB™~~Bristol-Myers Squibb~~); L-756,423 (an indinavir analog; ~~Merck~~MERCK™); DMP-450 (a cyclic urea compound; Avid & ~~DuPont~~DUPONT™); AG-1776 (a peptidomimetic with *in vitro* activity against protease inhibitor-resistant viruses; ~~Agouron~~AGOURON™); VX-175/GW-433908 (phosphate prodrug of amprenavir; Vertex & Glaxo Welcome); CGP61755 (Ciba); and AGENERASE™ (amprenavir; Glaxo Wellcome Inc.).

Additional antiretroviral agents include fusion inhibitors/gp41 binders. Fusion inhibitors/gp41 binders include T-20 (a peptide from residues 643-678 of the HIV gp41 transmembrane protein ectodomain which binds to gp41 in its resting state and prevents transformation to the fusogenic state; Trimeris) and T-1249 (a second-generation fusion inhibitor; Trimeris).

Additional antiretroviral agents include fusion inhibitors/chemokine receptor antagonists. Fusion inhibitors/chemokine receptor antagonists include CXCR4 antagonists such as AMD 3100 (a bicyclam), SDF-1 and its analogs, and ALX40-4C (a cationic peptide), T22 (an 18 amino acid peptide; Trimeris) and the T22 analogs T134 and T140; CCR5 antagonists such as RANTES (9-68), AOP-RANTES, NNY-RANTES, and TAK-779; and CCR5/CXCR4 antagonists such as NSC 651016 (a distamycin analog). Also included are CCR2B, CCR3, and CCR6 antagonists. Chemokine recpetor agonists such as RANTES, SDF-1, MIP-1α, MIP-1β, etc., may also inhibit fusion.

Additional antiretroviral agents include integrase inhibitors. Integrase inhibitors include dicaffeoylquinic (DFQA) acids; L-chicoric acid (a dicaffeoyltartaric (DCTA) acid); quinalizarin (QLC) and related anthraquinones; ZINTEVIR™ (AR 177, an oligonucleotide that probably acts at cell surface rather than being a true integrase inhibitor; Arondex); and naphthols such as those disclosed in WO 98/50347.

Additional antiretroviral agents include hydroxyurea-like compunds such as BCX-34 (a purine nucleoside phosphorylase inhibitor; Biocryst); ribonucleotide reductase inhibitors such as DIDOX™ (Molecules for Health); inosine monophosphate dehydrogenase (IMPDH) inhibitors sucha as VX-497 (Vertex); and mycopholic acids such as CellCept (mycophenolate mofetil; ~~Roche~~ROCHE™).

Additional antiretroviral agents include inhibitors of viral integrase, inhibitors of viral genome nuclear translocation such as arylene bis(methylketone) compounds; inhibitors of HIV entry such as AOP-RANTES, NNY-RANTES, RANTES-IgG fusion protein, soluble complexes of RANTES and glycosaminoglycans (GAG), and AMD-3100; nucleocapsid zinc finger inhibitors such as dithiane compounds; targets of HIV Tat and Rev; and pharmacoenhancers such as ABT-378.

Other antiretroviral therapies and adjunct therapies include cytokines and lymphokines such as MIP-1α, MIP-1β, SDF-1α, IL-2, PROLEUKIN™ (aldesleukin/L2-7001; ~~Chiron~~CHIRON™), IL-4, IL-10, IL-12, and IL-13; interferons such as IFN-α2a; antagonists of TNFs, NFκB, GM-CSF, M-CSF, and IL-10; agents that modulate immune activation such as cyclosporin and prednisone; vaccines such as Remune™ (HIV Immunogen), APL 400-003 (Apollon), recombinant gp120 and fragments, bivalent (B/E) recombinant envelope glycoprotein, rgp120CM235, MN rgp120, SF-2 rgp120, gp120/soluble CD4 complex, Delta JR-FL protein, branched synthetic peptide derived from discontinuous gp120 C3/C4 domain, fusion-competent immunogens, and Gag, Pol, Nef, and Tat vaccines; gene-based therapies such as genetic suppressor elements (GSEs; WO 98/54366), and intrakines (genetically modified CC chemokines targetted to the ER to block surface expression of newly synthesized CCR5 (Yang *et al., PNAS 94*:11567-72 (1997); Chen *et al.*, *Nat. Med. 3*:1110-16 (1997)); antibodies such as the anti-CXCR4 antibody 12G5, the anti-CCR5 antibodies 2D7, 5C7, PA8, PA9, PA10, PA11, PA12, and PA14, the anti-CD4 antibodies Q4120 and RPA-T4, the anti-CCR3 antibody 7B11, the anti-gp120 antibodies 17b, 48d, 447-52D, 257-D, 268-D and 50.1, anti-Tat antibodies, anti-TNF-α antibodies, and monoclonal antibody 33A; aryl hydrocarbon (AH) receptor agonists and antagonists such as TCDD, 3,3',4,4',5-pentachlorobiphenyl, 3,3',4,4'-tetrachlorobiphenyl, and α-naphthoflavone (WO 98/30213); and antioxidants such as γ-L-glutamyl-L-cysteine ethyl ester (γ-GCE; WO 99/56764).

In a further embodiment, the Therapeutics of the invention are administered in combination with an antiviral agent. Antiviral agents that may be administered with the Therapeutics of the invention include, but are not limited to, acyclovir, ribavirin, amantadine, and remantidine.

In other embodiments, Therapeutics of the invention may be administered in combination with anti-opportunistic infection agents. Anti-opportunistic agents that may be administered in combination with the Therapeutics of the invention, include, but are not limited to, TRIMETHOPRIM-SULFAMETHOXAZOLE™, DAPSONE™, PENTAMIDINE™, ATOVAQUONE™, ISONIAZID™, RIFAMPIN™, PYRAZINAMIDE™, ETHAMBUTOL™, RIFABUTIN™, CLARITHROMYCIN™, AZITHROMYCIN™, GANCICLOVIR™, FOSCARNET™, CIDOFOVIR™, FLUCONAZOLE™, ITRACONAZOLE™, KETOCONAZOLE™, ACYCLOVIR™, FAMCICOLVIR™, PYRIMETHAMINE™,

LEUCOVORIN™, NEUPOGEN™ (filgrastim/G-CSF), and LEUKINE™ (sargramostim/GM-CSF). In a specific embodiment, Therapeutics of the invention are used in any combination with TRIMETHOPRIM-SULFAMETHOXAZOLE™, DAPSONE™, PENTAMIDINE™, and/or ATOVAQUONE™ to prophylactically treat or prevent an opportunistic *Pneumocystis carinii* pneumonia infection. In another specific embodiment, Therapeutics of the invention are used in any combination with ISONIAZID™, RIFAMPIN™, PYRAZINAMIDE™, and/or ETHAMBUTOL™ to prophylactically treat or prevent an opportunistic *Mycobacterium avium* complex infection. In another specific embodiment, Therapeutics of the invention are used in any combination with RIFABUTIN™, CLARITHROMYCIN™, and/or AZITHROMYCIN™ to prophylactically treat or prevent an opportunistic *Mycobacterium tuberculosis* infection. In another specific embodiment, Therapeutics of the invention are used in any combination with GANCICLOVIR™, FOSCARNET™, and/or CIDOFOVIR™ to prophylactically treat or prevent an opportunistic cytomegalovirus infection. In another specific embodiment, Therapeutics of the invention are used in any combination with FLUCONAZOLE™, ITRACONAZOLE™, and/or KETOCONAZOLE™ to prophylactically treat or prevent an opportunistic fungal infection. In another specific embodiment, Therapeutics of the invention are used in any combination with ACYCLOVIR™ and/or FAMCICOLVIR™ to prophylactically treat or prevent an opportunistic herpes simplex virus type I and/or type II infection. In another specific embodiment, Therapeutics of the invention are used in any combination with PYRIMETHAMINE™ and/or LEUCOVORIN™ to prophylactically treat or prevent an opportunistic *Toxoplasma gondii* infection. In another specific embodiment, Therapeutics of the invention are used in any combination with LEUCOVORIN™ and/or NEUPOGEN™ to prophylactically treat or prevent an opportunistic bacterial infection.

In a further embodiment, the Therapeutics of the invention are administered in combination with an antibiotic agent. Antibiotic agents that may be administered with the Therapeutics of the invention include, but are not limited to, amoxicillin, beta-lactamases, aminoglycosides, beta-lactam (glycopeptide), beta-lactamases, Clindamycin, chloramphenicol, cephalosporins, ciprofloxacin, erythromycin, fluoroquinolones, macrolides, metronidazole, penicillins, quinolones, rapamycin, rifampin, streptomycin, sulfonamide, tetracyclines, trimethoprim, trimethoprim-sulfamethoxazole, and vancomycin.

In other embodiments, the Therapeutics of the invention are administered in combination with immunestimulants. Immunostimulants that may be administered in combination with the Therapeutics of the invention include, but are not limited to, levamisole (e.g., ERGAMISOL™), isoprinosine (e.g. INOSIPLEX™), interferons (e.g. interferon alpha), and interleukins (e.g., IL-2).

In other embodiments, Therapeutics of the invention are administered in combination with immunosuppressive agents. Immunosuppressive agents that may be administered in combination

with the Therapeutics of the invention include, but are not limited to, steroids, cyclosporine, cyclosporine analogs, cyclophosphamide methylprednisone, prednisone, azathioprine, FK-506, 15-deoxyspergualin, and other immunosuppressive agents that act by suppressing the function of responding T cells. Other immunosuppressive agents that may be administered in combination with the Therapeutics of the invention include, but are not limited to, prednisolone, methotrexate, thalidomide, methoxsalen, rapamycin, leflunomide, mizoribine (BREDININ™), brequinar, deoxyspergualin, and azaspirane (SKF 105685), ORTHOCLONE OKT® 3 (muromonab-CD3), SANDIMMUNE™, NEORAL™, SANGDYA™ (cyclosporine), PROGRAF® (FK506, tacrolimus), CELLCEPT® (mycophenolate motefil, of which the active metabolite is mycophenolic acid), IMURAN™ (azathioprine), glucocorticosteroids, adrenocortical steroids such as DELTASONE™ (prednisone) and HYDELTRASOL™ (prednisolone), FOLEX™ and MEXATE™ (methotrxate), OXSORALEN-ULTRA™ (methoxsalen) and RAPAMUNE™ (sirolimus). In a specific embodiment, immunosuppressants may be used to prevent rejection of organ or bone marrow transplantation.

In an additional embodiment, Therapeutics of the invention are administered alone or in combination with one or more intravenous immune globulin preparations. Intravenous immune globulin preparations that may be administered with the Therapeutics of the invention include, but not limited to, GAMMAR™, IVEEGAM™, SANDOGLOBULIN™, GAMMAGARD S/D™, ATGAM™ (antithymocyte glubulin), and GAMIMUNE™. In a specific embodiment, Therapeutics of the invention are administered in combination with intravenous immune globulin preparations in transplantation therapy (e.g., bone marrow transplant).

In certain embodiments, the Therapeutics of the invention are administered alone or in combination with an anti-inflammatory agent. Anti-inflammatory agents that may be administered with the Therapeutics of the invention include, but are not limited to, corticosteroids (e.g. betamethasone, budesonide, cortisone, dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone, and triamcinolone), nonsteroidal anti-inflammatory drugs (e.g., diclofenac, diflunisal, etodolac, fenoprofen, floctafenine, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, phenylbutazone, piroxicam, sulindac, tenoxicam, tiaprofenic acid, and tolmetin.), as well as antihistamines, aminoarylcarboxylic acid derivatives, arylacetic acid derivatives, arylbutyric acid derivatives, arylcarboxylic acids, arylpropionic acid derivatives, pyrazoles, pyrazolones, salicylic acid derivatives, thiazinecarboxamides, e-acetamidocaproic acid, S-adenosylmethionine, 3-amino-4-hydroxybutyric acid, amixetrine, bendazac, benzydamine, bucolome, difenpiramide, ditazol, emorfazone, guaiazulene, nabumetone, nimesulide, orgotein, oxaceprol, paranyline, perisoxal, pifoxime, proquazone, proxazole, and tenidap.

In an additional embodiment, the compositions of the invention are administered alone or in combination with an anti-angiogenic agent. Anti-angiogenic agents that may be administered with the compositions of the invention include, but are not limited to, Angiostatin (~~Entremed~~ENTREMED™, Rockville, MD), Troponin-1 (Boston Life Sciences, Boston, MA), anti-Invasive Factor, retinoic acid and derivatives thereof, paclitaxel (~~Taxol~~TAXOL™), Suramin, Tissue Inhibitor of Metalloproteinase-1, Tissue Inhibitor of Metalloproteinase-2, VEGI, Plasminogen Activator Inhibitor-1, Plasminogen Activator Inhibitor-2, and various forms of the lighter "d group" transition metals.

Lighter "d group" transition metals include, for example, vanadium, molybdenum, tungsten, titanium, niobium, and tantalum species. Such transition metal species may form transition metal complexes. Suitable complexes of the above-mentioned transition metal species include oxo transition metal complexes.

Representative examples of vanadium complexes include oxo vanadium complexes such as vanadate and vanadyl complexes. Suitable vanadate complexes include metavanadate and orthovanadate complexes such as, for example, ammonium metavanadate, sodium metavanadate, and sodium orthovanadate. Suitable vanadyl complexes include, for example, vanadyl acetylacetonate and vanadyl sulfate including vanadyl sulfate hydrates such as vanadyl sulfate mono- and trihydrates.

Representative examples of tungsten and molybdenum complexes also include oxo complexes. Suitable oxo tungsten complexes include tungstate and tungsten oxide complexes. Suitable tungstate complexes include ammonium tungstate, calcium tungstate, sodium tungstate dihydrate, and tungstic acid. Suitable tungsten oxides include tungsten (IV) oxide and tungsten (VI) oxide. Suitable oxo molybdenum complexes include molybdate, molybdenum oxide, and molybdenyl complexes. Suitable molybdate complexes include ammonium molybdate and its hydrates, sodium molybdate and its hydrates, and potassium molybdate and its hydrates. Suitable molybdenum oxides include molybdenum (VI) oxide, molybdenum (VI) oxide, and molybdic acid. Suitable molybdenyl complexes include, for example, molybdenyl acetylacetonate. Other suitable tungsten and molybdenum complexes include hydroxo derivatives derived from, for example, glycerol, tartaric acid, and sugars.

A wide variety of other anti-angiogenic factors may also be utilized within the context of the present invention. Representative examples include, but are not limited to, platelet factor 4; protamine sulphate; sulphated chitin derivatives (prepared from queen crab shells), (Murata et al., Cancer Res. 51:22-26, (1991)); Sulphated Polysaccharide Peptidoglycan Complex (SP- PG) (the function of this compound may be enhanced by the presence of steroids such as estrogen, and tamoxifen citrate); Staurosporine; modulators of matrix metabolism, including for example, proline analogs, cishydroxyproline, d,L-3,4-dehydroproline, Thiaproline, alpha,alpha-dipyridyl, aminopropionitrile fumarate; 4-propyl-5-(4-pyridinyl)-2(3H)-oxazolone; Methotrexate;

Mitoxantrone; Heparin; Interferons; 2 Macroglobulin-serum; ChIMP-3 (Pavloff et al., J. Bio. Chem. 267:17321-17326, (1992)); Chymostatin (Tomkinson et al., Biochem J. 286:475-480, (1992)); Cyclodextrin Tetradecasulfate; Eponemycin; Camptothecin; Fumagillin (Ingber et al., Nature 348:555-557, (1990)); Gold Sodium Thiomalate ("GST"; Matsubara and Ziff, J. Clin. Invest. 79:1440-1446, (1987)); anticollagenase-serum; alpha2-antiplasmin (Holmes et al., J. Biol. Chem. 262(4):1659-1664, (1987)); Bisantrene (National Cancer Institute); Lobenzarit disodium (N-(2)-carboxyphenyl-4- chloroanthronilic acid disodium or "CCA"; (Takeuchi et al., Agents Actions 36:312-316, (1992)); and metalloproteinase inhibitors such as BB94.

Additional anti-angiogenic factors that may also be utilized within the context of the present invention include Thalidomide, (~~Celgene~~CELGENE™, Warren, NJ); Angiostatic steroid; AGM-1470 (H. Brem and J. Folkman *J Pediatr. Surg.* 28:445-51 (1993)); an integrin alpha v beta 3 antagonist (C. Storgard et al., *J Clin. Invest.* 103:47-54 (1999)); carboxynaminolmidazole; Carboxyamidotriazole (CAI) (National Cancer Institute, Bethesda, MD); Conbretastatin A-4 (CA4P) (~~OXiGENE~~OXIGENE™, Boston, MA); Squalamine (Magainin Pharmaceuticals, Plymouth Meeting, PA); TNP-470, (~~Tap Pharmaceuticals~~TAP PHARMACEUTICALS™, Deerfield, IL); ZD-0101 ~~AstraZeneca~~ASTRAZENECA™ (London, UK); APRA (CT2584); Benefin, Byrostatin-1 (SC339555); CGP-41251 (PKC 412); CM101; Dexrazoxane (ICRF187); DMXAA; Endostatin; Flavopridiol; Genestein; GTE; ImmTher; Iressa (ZD1839); Octreotide (Somatostatin); Panretin; Penacillamine; Photopoint; PI-88; Prinomastat (AG-3340) Purlytin; Suradista (FCE26644); Tamoxifen (~~Nolvadex~~NOLVADEX™); Tazarotene; Tetrathiomolybdate; ~~Xeloda~~XELODA™ (Capecitabine); and 5-Fluorouracil.

Anti-angiogenic agents that may be administed in combination with the compounds of the invention may work through a variety of mechanisms including, but not limited to, inhibiting proteolysis of the extracellular matrix, blocking the function of endothelial cell-extracellular matrix adhesion molecules, by antagonizing the function of angiogenesis inducers such as growth factors, and inhibiting integrin receptors expressed on proliferating endothelial cells. Examples of anti-angiogenic inhibitors that interfere with extracellular matrix proteolysis and which may be administered in combination with the compositons of the invention include, but are not lmited to, AG-3340 (~~Agouron~~AGOURON™, La Jolla, CA), BAY-12-9566 (~~Bayer~~BAYER™, West Haven, CT), BMS-275291 (BRISTOL-MYERS SQUIBB™, Princeton, NJ), CGS-27032A (~~Novartis~~NOVARTIS™, East Hanover, NJ), Marimastat (British Biotech, Oxford, UK), and ~~Metastat~~METASTAT™ (~~Aeterna~~AETERNA™, St-Foy, Quebec). Examples of anti-angiogenic inhibitors that act by blocking the function of endothelial cell-extracellular matrix adhesion molecules and which may be administered in combination with the compositons of the invention include, but are not lmited to, EMD-121974 (~~Merck~~MERCK™ KcgaA Darmstadt, Germany) and ~~Vitaxin~~VITAXIN™ (~~Ixsys~~IXSYS™, La Jolla, CA/~~MedImmune~~MEDIMMUNE™, Gaithersburg, MD). Examples of anti-angiogenic agents that act by directly antagonizing or inhibiting

angiogenesis inducers and which may be administered in combination with the compositons of the invention include, but are not lmited to, Angiozyme (Ribozyme, Boulder, CO), Anti-VEGF antibody (~~Genentech~~GENENTECH™, S. San Francisco, CA), PTK-787/ZK-225846 (~~Novartis~~NOVARTIS™, Basel, Switzerland), SU-101 (~~Sugen~~SUGEN™, S. San Francisco, CA), SU-5416 (SUGEN™~~Sugen~~/PHARMACIA™~~Pharmacia~~ Upjohn, Bridgewater, NJ), and SU-6668 (~~Sugen~~SUGEN™). Other anti-angiogenic agents act to indirectly inhibit angiogenesis. Examples of indirect inhibitors of angiogenesis which may be administered in combination with the compositons of the invention include, but are not limited to, IM-862 (~~Cytran~~CYTRAN™, Kirkland, WA), Interferon-alpha, IL-12 (~~Roche~~ROCHE™, Nutley, NJ), and Pentosan polysulfate (Georgetown University, Washington, DC).

In particular embodiments, the use of compositions of the invention in combination with anti-angiogenic agents is contemplated for the treatment, prevention, and/or amelioration of an autoimmune disease, such as for example, an autoimmune disease described herein.

In a particular embodiment, the use of compositions of the invention in combination with anti-angiogenic agents is contemplated for the treatment, prevention, and/or amelioration of arthritis. In a more particular embodiment, the use of compositions of the invention in combination with anti-angiogenic agents is contemplated for the treatment, prevention, and/or amelioration of rheumatoid arthritis.

In another embodiment, the polynucleotides encoding a polypeptide of the present invention are administered in combination with an angiogenic protein, or polynucleotides encoding an angiogenic protein. Examples of angiogenic proteins that may be administered with the compositions of the invention include, but are not limited to, acidic and basic fibroblast growth factors, VEGF-1, VEGF-2, VEGF-3, epidermal growth factor alpha and beta, platelet-derived endothelial cell growth factor, platelet-derived growth factor, tumor necrosis factor alpha, hepatocyte growth factor, insulin-like growth factor, colony stimulating factor, macrophage colony stimulating factor, granulocyte/macrophage colony stimulating factor, and nitric oxide synthase.

In additional embodiments, compositions of the invention are administered in combination with a chemotherapeutic agent. Chemotherapeutic agents that may be administered with the Therapeutics of the invention include, but are not limited to alkylating agents such as nitrogen mustards (for example, Mechlorethamine, cyclophosphamide, Cyclophosphamide Ifosfamide, Melphalan (L-sarcolysin), and Chlorambucil), ethylenimines and methylmelamines (for example, Hexamethylmelamine and Thiotepa), alkyl sulfonates (for example, Busulfan), nitrosoureas (for example, Carmustine (BCNU), Lomustine (CCNU), Semustine (methyl-CCNU), and Streptozocin (streptozotocin)), triazenes (for example, Dacarbazine (DTIC; dimethyltriazenoimidazolecarboxamide)), folic acid analogs (for example, Methotrexate (amethopterin)), pyrimidine analogs (for example, Fluorouacil (5-fluorouracil; 5-FU), Floxuridine (fluorodeoxyuridine; FudR), and Cytarabine (cytosine arabinoside)), purine analogs and related

inhibitors (for example, Mercaptopurine (6-mercaptopurine; 6-MP), Thioguanine (6-thioguanine; TG), and Pentostatin (2'-deoxycoformycin)), vinca alkaloids (for example, Vinblastine (VLB, vinblastine sulfate)) and Vincristine (vincristine sulfate)), epipodophyllotoxins (for example, Etoposide and Teniposide), antibiotics (for example, Dactinomycin (actinomycin D), Daunorubicin (daunomycin; rubidomycin), Doxorubicin, Bleomycin, Plicamycin (mithramycin), and Mitomycin (mitomycin C), enzymes (for example, L-Asparaginase), biological response modifiers (for example, Interferon-alpha and interferon-alpha-2b), platinum coordination compounds (for example, Cisplatin (cis-DDP) and Carboplatin), anthracenedione (Mitoxantrone), substituted ureas (for example, Hydroxyurea), methylhydrazine derivatives (for example, Procarbazine (N-methylhydrazine; MIH), adrenocorticosteroids (for example, Prednisone), progestins (for example, Hydroxyprogesterone caproate, Medroxyprogesterone, Medroxyprogesterone acetate, and Megestrol acetate), estrogens (for example, Diethylstilbestrol (DES), Diethylstilbestrol diphosphate, Estradiol, and Ethinyl estradiol), antiestrogens (for example, Tamoxifen), androgens (Testosterone proprionate, and Fluoxymesterone), antiandrogens (for example, Flutamide), gonadotropin-releasing horomone analogs (for example, Leuprolide), other hormones and hormone analogs (for example, methyltestosterone, estramustine, estramustine phosphate sodium, chlorotrianisene, and testolactone), and others (for example, dicarbazine, glutamic acid, and mitotane).

In one embodiment, the compositions of the invention are administered in combination with one or more of the following drugs: infliximab (also known as Remicade™ Centocor, Inc.), Trocade (~~Roche~~ROCHE™, RO-32-3555), Leflunomide (also known as Arava™ from ~~Hoechst Marion Roussel~~HOECHST MARION ROUSSEL™), Kineret™ (an IL-1 Receptor antagonist also known as Anakinra from ~~Amgen~~AMGEN™, Inc.)

In a specific embodiment, compositions of the invention are administered in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) or combination of one or more of the components of CHOP. In one embodiment, the compositions of the invention are administered in combination with anti-CD20 antibodies, human monoclonal anti-CD20 antibodies. In another embodiment, the compositions of the invention are administered in combination with anti-CD20 antibodies and CHOP, or anti-CD20 antibodies and any combination of one or more of the components of CHOP, particularly cyclophosphamide and/or prednisone. In a specific embodiment, compositions of the invention are administered in combination with Rituximab. In a further embodiment, compositions of the invention are administered with Rituximab and CHOP, or Rituximab and any combination of one or more of the components of CHOP, particularly cyclophosphamide and/or prednisone. In a specific embodiment, compositions of the invention are administered in combination with tositumomab. In a further embodiment, compositions of the invention are administered with tositumomab and CHOP, or tositumomab and any combination of one or more of the components of CHOP, particularly cyclophosphamide and/or prednisone. The

anti-CD20 antibodies may optionally be associated with radioisotopes, toxins or cytotoxic prodrugs.

In another specific embodiment, the compositions of the invention are administered in combination Zevalin™. In a further embodiment, compositions of the invention are administered with Zevalin™ and CHOP, or Zevalin™ and any combination of one or more of the components of CHOP, particularly cyclophosphamide and/or prednisone. Zevalin™ may be associated with one or more radisotopes. Particularly preferred isotopes are ^{90}Y and ^{111}In.

In an additional embodiment, the Therapeutics of the invention are administered in combination with cytokines. Cytokines that may be administered with the Therapeutics of the invention include, but are not limited to, IL2, IL3, IL4, IL5, IL6, IL7, IL10, IL12, IL13, IL15, anti-CD40, CD40L, IFN-gamma and TNF-alpha. In another embodiment, Therapeutics of the invention may be administered with any interleukin, including, but not limited to, IL-1alpha, IL-1beta, IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-11, IL-12, IL-13, IL-14, IL-15, IL-16, IL-17, IL-18, IL-19, IL-20, and IL-21.

In one embodiment, the Therapeutics of the invention are administered in combination with members of the TNF family. TNF, TNF-related or TNF-like molecules that may be administered with the Therapeutics of the invention include, but are not limited to, soluble forms of TNF-alpha, lymphotoxin-alpha (LT-alpha, also known as TNF-beta), LT-beta (found in complex heterotrimer LT-alpha2-beta), OPGL, FasL, CD27L, CD30L, CD40L, 4-1BBL, DcR3, OX40L, TNF-gamma (International Publication No. WO 96/14328), AIM-I (International Publication No. WO 97/33899), endokine-alpha (International Publication No. WO 98/07880), OPG, and neutrokine-alpha (International Publication No. WO 98/18921, OX40, and nerve growth factor (NGF), and soluble forms of Fas, CD30, CD27, CD40 and 4-IBB, TR2 (International Publication No. WO 96/34095), DR3 (International Publication No. WO 97/33904), DR4 (International Publication No. WO 98/32856), TR5 (International Publication No. WO 98/30693), TRANK, TR9 (International Publication No. WO 98/56892),TR10 (International Publication No. WO 98/54202), 312C2 (International Publication No. WO 98/06842), and TR12, and soluble forms CD154, CD70, and CD153.

In an additional embodiment, the Therapeutics of the invention are administered in combination with angiogenic proteins. Angiogenic proteins that may be administered with the Therapeutics of the invention include, but are not limited to, Glioma Derived Growth Factor (GDGF), as disclosed in European Patent Number EP-399816; Platelet Derived Growth Factor-A (PDGF-A), as disclosed in European Patent Number EP-682110; Platelet Derived Growth Factor-B (PDGF-B), as disclosed in European Patent Number EP-282317; Placental Growth Factor (PlGF), as disclosed in International Publication Number WO 92/06194; Placental Growth Factor-2 (PlGF-2), as disclosed in Hauser et al., Growth Factors, 4:259-268 (1993); Vascular Endothelial

Growth Factor (VEGF), as disclosed in International Publication Number WO 90/13649; Vascular Endothelial Growth Factor-A (VEGF-A), as disclosed in European Patent Number EP-506477; Vascular Endothelial Growth Factor-2 (VEGF-2), as disclosed in International Publication Number WO 96/39515; Vascular Endothelial Growth Factor B (VEGF-3); Vascular Endothelial Growth Factor B-186 (VEGF-B186), as disclosed in International Publication Number WO 96/26736; Vascular Endothelial Growth Factor-D (VEGF-D), as disclosed in International Publication Number WO 98/02543; Vascular Endothelial Growth Factor-D (VEGF-D), as disclosed in International Publication Number WO 98/07832; and Vascular Endothelial Growth Factor-E (VEGF-E), as disclosed in German Patent Number DE19639601. The above mentioned references are herein incorporated by reference in their entireties.

In an additional embodiment, the Therapeutics of the invention are administered in combination with Fibroblast Growth Factors. Fibroblast Growth Factors that may be administered with the Therapeutics of the invention include, but are not limited to, FGF-1, FGF-2, FGF-3, FGF-4, FGF-5, FGF-6, FGF-7, FGF-8, FGF-9, FGF-10, FGF-11, FGF-12, FGF-13, FGF-14, and FGF-15.

In an additional embodiment, the Therapeutics of the invention are administered in combination with hematopoietic growth factors. Hematopoietic growth factors that may be administered with the Therapeutics of the invention include, but are not limited to, granulocyte macrophage colony stimulating factor (GM-CSF) (sargramostim, LEUKINE™, PROKINE™), granulocyte colony stimulating factor (G-CSF) (filgrastim, NEUPOGEN™), macrophage colony stimulating factor (M-CSF, CSF-1) erythropoietin (epoetin alfa, EPOGEN™, PROCRIT™), stem cell factor (SCF, c-kit ligand, steel factor), megakaryocyte colony stimulating factor, PIXY321 (a GMCSF/IL-3 fusion protein), interleukins, especially any one or more of IL-1 through IL-12, interferon-gamma, or thrombopoietin.

In certain embodiments, Therapeutics of the present invention are administered in combination with adrenergic blockers, such as, for example, acebutolol, atenolol, betaxolol, bisoprolol, carteolol, labetalol, metoprolol, nadolol, oxprenolol, penbutolol, pindolol, propranolol, sotalol, and timolol.

In another embodiment, the Therapeutics of the invention are administered in combination with an antiarrhythmic drug (e.g., adenosine, amidoarone, bretylium, digitalis, digoxin, digitoxin, diliazem, disopyramide, esmolol, flecainide, lidocaine, mexiletine, moricizine, phenytoin, procainamide, N-acetyl procainamide, propafenone, propranolol, quinidine, sotalol, tocainide, and verapamil).

In another embodiment, the Therapeutics of the invention are administered in combination with diuretic agents, such as carbonic anhydrase-inhibiting agents (e.g., acetazolamide, dichlorphenamide, and methazolamide), osmotic diuretics (e.g., glycerin, isosorbide, mannitol, and urea), diuretics that inhibit Na^+-K^+-$2Cl^-$ symport (e.g., furosemide, bumetanide, azosemide,

piretanide, tripamide, ethacrynic acid, muzolimine, and torsemide), thiazide and thiazide-like diuretics (e.g., bendroflumethiazide, benzthiazide, chlorothiazide, hydrochlorothiazide, hydroflumethiazide, methyclothiazide, polythiazide, trichormethiazide, chlorthalidone, indapamide, metolazone, and quinethazone), potassium sparing diuretics (e.g., amiloride and triamterene), and mineralcorticoid receptor antagonists (e.g., spironolactone, canrenone, and potassium canrenoate).

In one embodiment, the Therapeutics of the invention are administered in combination with treatments for endocrine and/or hormone imbalance disorders. Treatments for endocrine and/or hormone imbalance disorders include, but are not limited to, ^{127}I, radioactive isotopes of iodine such as ^{131}I and ^{123}I; recombinant growth hormone, such as HUMATROPE™ (recombinant somatropin); growth hormone analogs such as PROTROPIN™ (somatrem); dopamine agonists such as PARLODEL™ (bromocriptine); somatostatin analogs such as SANDOSTATIN™ (octreotide); gonadotropin preparations such as PREGNYL™, A.P.L.™ and PROFASI™ (chorionic gonadotropin (CG)), PERGONAL™ (menotropins), and METRODIN™ (urofollitropin (uFSH)); synthetic human gonadotropin releasing hormone preparations such as FACTREL™ and LUTREPULSE™ (gonadorelin hydrochloride); synthetic gonadotropin agonists such as LUPRON™ (leuprolide acetate), SUPPRELIN™ (histrelin acetate), SYNAREL™ (nafarelin acetate), and ZOLADEX™ (goserelin acetate); synthetic preparations of thyrotropin-releasing hormone such as RELEFACT TRH™ and THYPINONE™ (protirelin); recombinant human TSH such as THYROGEN™; synthetic preparations of the sodium salts of the natural isomers of thyroid hormones such as L-T_4™, SYNTHROID™ and LEVOTHROID™ (levothyroxine sodium), L-T_3™, CYTOMEL™ and TRIOSTAT™ (liothyroine sodium), and THYROLAR™ (liotrix); antithyroid compounds such as 6-*n*-propylthiouracil (propylthiouracil), 1-methyl-2-mercaptoimidazole and TAPAZOLE™ (methimazole), NEO-MERCAZOLE™ (carbimazole); beta-adrenergic receptor antagonists such as propranolol and esmolol; Ca^{2+} channel blockers; dexamethasone and iodinated radiological contrast agents such as TELEPAQUE™ (iopanoic acid) and ORAGRAFIN™ (sodium ipodate).

Additional treatments for endocrine and/or hormone imbalance disorders include, but are not limited to, estrogens or congugated estrogens such as ESTRACE™ (estradiol), ESTINYL™ (ethinyl estradiol), PREMARIN™, ESTRATAB™, ORTHO-EST™, OGEN™ and estropipate (estrone), ESTROVIS™ (quinestrol), ESTRADERM™ (estradiol), DELESTROGEN™ and VALERGEN™ (estradiol valerate), DEPO-ESTRADIOL CYPIONATE™ and ESTROJECT LA™ (estradiol cypionate); antiestrogens such as NOLVADEX™ (tamoxifen), SEROPHENE™ and CLOMID™ (clomiphene); progestins such as DURALUTIN™ (hydroxyprogesterone caproate), MPA™ and DEPO-PROVERA™ (medroxyprogesterone acetate), PROVERA™ and CYCRIN™

(MPA), MEGACE™ (megestrol acetate), NORLUTIN™ (norethindrone), and NORLUTATE™ and AYGESTIN™ (norethindrone acetate); progesterone implants such as NORPLANT SYSTEM™ (subdermal implants of norgestrel); antiprogestins such as RU 486™ (mifepristone); hormonal contraceptives such as ENOVID™ (norethynodrel plus mestranol), PROGESTASERT™ (intrauterine device that releases progesterone), LOESTRIN™, BREVICON™, MODICON™, GENORA™, NELONA™, NORINYL™, OVACON-35™ and OVACON-50™ (ethinyl estradiol/norethindrone), LEVLEN™, NORDETTE™, TRI-LEVLEN™ and TRIPHASIL-21™ (ethinyl estradiol/levonorgestrel) LO/OVRAL™ and OVRAL™ (ethinyl estradiol/norgestrel), DEMULEN™ (ethinyl estradiol/ethynodiol diacetate), NORINYL™, ORTHO-NOVUM™, NORETHIN™, GENORA™, and NELOVA™ (norethindrone/mestranol), DESOGEN™ and ORTHO-CEPT™ (ethinyl estradiol/desogestrel), ORTHO-CYCLEN™ and ORTHO-TRICYCLEN™ (ethinyl estradiol/norgestimate), MICRONOR™ and NOR-QD™ (norethindrone), and OVRETTE™ (norgestrel).

Additional treatments for endocrine and/or hormone imbalance disorders include, but are not limited to, testosterone esters such as methenolone acetate and testosterone undecanoate; parenteral and oral androgens such as TESTOJECT-50™ (testosterone), TESTEX™ (testosterone propionate), DELATESTRYL™ (testosterone enanthate), DEPO-TESTOSTERONE™ (testosterone cypionate), DANOCRINE™ (danazol), HALOTESTIN™ (fluoxymesterone), ORETON METHYL™, TESTRED™ and VIRILON™ (methyltestosterone), and OXANDRIN™ (oxandrolone); testosterone transdermal systems such as TESTODERM™; androgen receptor antagonist and 5-alpha-reductase inhibitors such as ANDROCUR™ (cyproterone acetate), EULEXIN™ (flutamide), and PROSCAR™ (finasteride); adrenocorticotropic hormone preparations such as CORTROSYN™ (cosyntropin); adrenocortical steroids and their synthetic analogs such as ACLOVATE™ (alclometasone dipropionate), CYCLOCORT™ (amcinonide), BECLOVENT™ and VANCERIL™ (beclomethasone dipropionate), CELESTONE™ (betamethasone), BENISONE™ and UTICORT™ (betamethasone benzoate), DIPROSONE™ (betamethasone dipropionate), CELESTONE PHOSPHATE™ (betamethasone sodium phosphate), CELESTONE SOLUSPAN™ (betamethasone sodium phosphate and acetate), BETA-VAL™ and VALISONE™ (betamethasone valerate), TEMOVATE™ (clobetasol propionate), CLODERM™ (clocortolone pivalate), CORTEF™ and HYDROCORTONE™ (cortisol (hydrocortisone)), HYDROCORTONE ACETATE™ (cortisol (hydrocortisone) acetate), LOCOID™ (cortisol (hydrocortisone) butyrate), HYDROCORTONE PHOSPHATE™ (cortisol (hydrocortisone) sodium phosphate), A-HYDROCORT™ and SOLU CORTEF™ (cortisol (hydrocortisone) sodium succinate), WESTCORT™ (cortisol (hydrocortisone) valerate), CORTISONE ACETATE™

(cortisone acetate), DESOWEN™ and TRIDESILON™ (desonide), TOPICORT™ (desoximetasone), DECADRON™ (dexamethasone), DECADRON LA™ (dexamethasone acetate), DECADRON PHOSPHATE™ and HEXADROL PHOSPHATE™ (dexamethasone sodium phosphate), FLORONE™ and MAXIFLOR™ (diflorasone diacetate), FLORINEF ACETATE™ (fludrocortisone acetate), AEROBID™ and NASALIDE™ (flunisolide), FLUONID™ and SYNALAR™ (fluocinolone acetonide), LIDEX™ (fluocinonide), FLUOR-OP™ and FML™ (fluorometholone), CORDRAN™ (flurandrenolide), HALOG™ (halcinonide), HMS LIZUIFILM™ (medrysone), MEDROL™ (methylprednisolone), DEPO-MEDROL™ and MEDROL ACETATE™ (methylprednisone acetate), A-METHAPRED™ and SOLUMEDROL™ (methylprednisolone sodium succinate), ELOCON™ (mometasone furoate), HALDRONE™ (paramethasone acetate), DELTA-CORTEF™ (prednisolone), ECONOPRED™ (prednisolone acetate), HYDELTRASOL™ (prednisolone sodium phosphate), HYDELTRA-T.B.A™ (prednisolone tebutate), DELTASONE™ (prednisone), ARISTOCORT™ and KENACORT™ (triamcinolone), KENALOG™ (triamcinolone acetonide), ARISTOCORT™ and KENACORT DIACETATE™ (triamcinolone diacetate), and ARISTOSPAN™ (triamcinolone hexacetonide); inhibitors of biosynthesis and action of adrenocortical steroids such as CYTADREN™ (aminoglutethimide), NIZORAL™ (ketoconazole), MODRASTANE™ (trilostane), and METOPIRONE™ (metyrapone); bovine, porcine or human insulin or mixtures thereof; insulin analogs; recombinant human insulin such as HUMULIN™ and NOVOLIN™; oral hypoglycemic agents such as ORAMIDE™ and ORINASE™ (tolbutamide), DIABINESE™ (chlorpropamide), TOLAMIDE™ and TOLINASE™ (tolazamide), DYMELOR™ (acetohexamide), glibenclamide, MICRONASE™, DIBETA™ and GLYNASE™ (glyburide), GLUCOTROL™ (glipizide), and DIAMICRON™ (gliclazide), GLUCOPHAGE™ (metformin), ciglitazone, pioglitazone, and alpha-glucosidase inhibitors; bovine or porcine glucagon; somatostatins such as SANDOSTATIN™ (octreotide); and diazoxides such as PROGLYCEM™ (diazoxide).

In one embodiment, the Therapeutics of the invention are administered in combination with treatments for uterine motility disorders. Treatments for uterine motility disorders include, but are not limited to, estrogen drugs such as conjugated estrogens (e.g., PREMARIN® and ESTRATAB®), estradiols (e.g., CLIMARA® and ALORA®), estropipate, and chlorotrianisene; progestin drugs (e.g., AMEN® (medroxyprogesterone), MICRONOR® (norethidrone acetate), PROMETRIUM® progesterone, and megestrol acetate); and estrogen/progesterone combination therapies such as, for example, conjugated estrogens/medroxyprogesterone (e.g., PREMPRO™ and PREMPHASE®) and norethindrone acetate/ethinyl estsradiol (e.g., FEMHRT™).

In an additional embodiment, the Therapeutics of the invention are administered in combination with drugs effective in treating iron deficiency and hypochromic anemias, including

but not limited to, ferrous sulfate (iron sulfate, FEOSOL™), ferrous fumarate (e.g., FEOSTAT™), ferrous gluconate (e.g., FERGON™), polysaccharide-iron complex (e.g., NIFEREX™), iron dextran injection (e.g., INFED™), cupric sulfate, pyroxidine, riboflavin, Vitamin B_{12}, cyancobalamin injection (e.g., REDISOL™, RUBRAMIN PC™), hydroxocobalamin, folic acid (e.g., FOLVITE™), leucovorin (folinic acid, 5-CHOH4PteGlu, citrovorum factor) or WELLCOVORIN (Calcium salt of leucovorin), transferrin or ferritin.

In certain embodiments, the Therapeutics of the invention are administered in combination with agents used to treat psychiatric disorders. Psychiatric drugs that may be administered with the Therapeutics of the invention include, but are not limited to, antipsychotic agents (e.g., chlorpromazine, chlorprothixene, clozapine, fluphenazine, haloperidol, loxapine, mesoridazine, molindone, olanzapine, perphenazine, pimozide, quetiapine, risperidone, thioridazine, thiothixene, trifluoperazine, and triflupromazine), antimanic agents (e.g., carbamazepine, divalproex sodium, lithium carbonate, and lithium citrate), antidepressants (e.g., amitriptyline, amoxapine, bupropion, citalopram, clomipramine, desipramine, doxepin, fluvoxamine, fluoxetine, imipramine, isocarboxazid, maprotiline, mirtazapine, nefazodone, nortriptyline, paroxetine, phenelzine, protriptyline, sertraline, tranylcypromine, trazodone, trimipramine, and venlafaxine), antianxiety agents (e.g., alprazolam, buspirone, chlordiazepoxide, clorazepate, diazepam, halazepam, lorazepam, oxazepam, and prazepam), and stimulants (e.g., d-amphetamine, methylphenidate, and pemoline).

In other embodiments, the Therapeutics of the invention are administered in combination with agents used to treat neurological disorders. Neurological agents that may be administered with the Therapeutics of the invention include, but are not limited to, antiepileptic agents (e.g., carbamazepine, clonazepam, ethosuximide, phenobarbital, phenytoin, primidone, valproic acid, divalproex sodium, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, tiagabine, topiramate, zonisamide, diazepam, lorazepam, and clonazepam), antiparkinsonian agents (e.g., levodopa/carbidopa, selegiline, amantidine, bromocriptine, pergolide, ropinirole, pramipexole, benztropine; biperiden; ethopropazine; procyclidine; trihexyphenidyl, tolcapone), and ALS therapeutics (e.g. riluzole).

In another embodiment, Therapeutics of the invention are administered in combination with vasodilating agents and/or calcium channel blocking agents. Vasodilating agents that may be administered with the Therapeutics of the invention include, but are not limited to, Angiotensin Converting Enzyme (ACE) inhibitors (e.g., papaverine, isoxsuprine, benazepril, captopril, cilazapril, enalapril, enalaprilat, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, spirapril, trandolapril, and nylidrin), and nitrates (e.g., isosorbide dinitrate, isosorbide mononitrate, and nitroglycerin). Examples of calcium channel blocking agents that may be administered in combination with the Therapeutics of the invention include, but are not limited to amlodipine,

bepridil, diltiazem, felodipine, flunarizine, isradipine, nicardipine, nifedipine, nimodipine, and verapamil.

In certain embodiments, the Therapeutics of the invention are administered in combination with treatments for gastrointestinal disorders. Treatments for gastrointestinal disorders that may be administered with the Therapeutic of the invention include, but are not limited to, H_2 histamine receptor antagonists (e.g., TAGAMET™ (cimetidine), ZANTAC™ (ranitidine), PEPCID™ (famotidine), and AXID™ (nizatidine)); inhibitors of H^+, K^+ ATPase (e.g., PREVACID™ (lansoprazole) and PRILOSEC™ (omeprazole)); Bismuth compounds (e.g., PEPTO-BISMOL™ (bismuth subsalicylate) and DE-NOL™ (bismuth subcitrate)); various antacids; sucralfate; prostaglandin analogs (e.g. CYTOTEC™ (misoprostol)); muscarinic cholinergic antagonists; laxatives (e.g., surfactant laxatives, stimulant laxatives, saline and osmotic laxatives); antidiarrheal agents (e.g., LOMOTIL™ (diphenoxylate), MOTOFEN™ (diphenoxin), and IMODIUM™ (loperamide hydrochloride)), synthetic analogs of somatostatin such as SANDOSTATIN™ (octreotide), antiemetic agents (e.g., ZOFRAN™ (ondansetron), KYTRIL™ (granisetron hydrochloride), tropisetron, dolasetron, metoclopramide, chlorpromazine, perphenazine, prochlorperazine, promethazine, thiethylperazine, trifluprομazine, domperidone, haloperidol, droperidol, trimethobenzamide, dexamethasone, methylprednisolone, dronabinol, and nabilone); D2 antagonists (e.g., metoclopramide, trimethobenzamide and chlorpromazine); bile salts; chenodeoxycholic acid; ursodeoxycholic acid; and pancreatic enzyme preparations such as pancreatin and pancrelipase.

In additional embodiments, the Therapeutics of the invention are administered in combination with other therapeutic or prophylactic regimens, such as, for example, radiation therapy.

Example 14: Method of Treating Decreased Levels of the Polypeptide

The present invention relates to a method for treating an individual in need of an increased level of a polypeptide of the invention in the body comprising administering to such an individual a composition comprising a therapeutically effective amount of polypeptides (including agonists thereto), and/or antibodies of the invention. Moreover, it will be appreciated that conditions caused by a decrease in the standard or normal expression level of a polypeptide of the present invention in an individual may be treated by administering agonists of said polypeptide. Thus, the invention also provides a method of treatment of an individual in need of an increased level of the polypeptide comprising administering to such an individual a Therapeutic comprising an amount

of the agonist (including polypeptides and antibodies of the present invention) to increase the activity level of the polypeptide in such an individual.

For example, a patient with decreased levels of a polypeptide receives a daily dose 0.1-100 ug/kg of the agonist for six consecutive days. The exact details of the dosing scheme, based on administration and formulation, are provided in Example 13.

Example 15: Method of Treating Increased Levels of the Polypeptide

The present invention also relates to a method of treating an individual in need of a decreased level of a polypeptide of the invention in the body comprising administering to such an individual a composition comprising a therapeutically effective amount of an antagonist of the invention (including polypeptides and antibodies of the invention).

In one example, antisense technology is used to inhibit production of a polypeptide of the present invention. This technology is one example of a method of decreasing levels of a polypeptide, due to a variety of etiologies, such as cancer.

For example, a patient diagnosed with abnormally increased levels of a polypeptide is administered intravenously antisense polynucleotides at 0.5, 1.0, 1.5, 2.0 and 3.0 mg/kg day for 21 days. This treatment is repeated after a 7-day rest period if the treatment was well tolerated. The antisense polynucleotides of the present invention can be formulated using techniques and formulations described herein (e.g. see Example 13), or otherwise known in the art.

Example 16: Method of Treatment Using Gene Therapy-Ex Vivo

One method of gene therapy transplants fibroblasts, which are capable of expressing a polypeptide, onto a patient. Generally, fibroblasts are obtained from a subject by skin biopsy. The resulting tissue is placed in tissue-culture medium and separated into small pieces. Small chunks of the tissue are placed on a wet surface of a tissue culture flask, approximately ten pieces are placed in each flask. The flask is turned upside down, closed tight and left at room temperature over night. After 24 hours at room temperature, the flask is inverted and the chunks of tissue remain fixed to the bottom of the flask and fresh media (e.g., Ham's F12 media, with 10% FBS, penicillin and streptomycin) is added. The flasks are then incubated at 37 degree C for approximately one week.

At this time, fresh media is added and subsequently changed every several days. After an additional two weeks in culture, a monolayer of fibroblasts emerge. The monolayer is trypsinized and scaled into larger flasks.

pMV-7 (Kirschmeier, P.T. et al., DNA, 7:219-25 (1988)), flanked by the long terminal repeats of the Moloney murine sarcoma virus, is digested with EcoRI and HindIII and

subsequently treated with calf intestinal phosphatase. The linear vector is fractionated on agarose gel and purified, using glass beads.

The cDNA encoding a polypeptide of the present invention can be amplified using PCR primers which correspond to the 5' and 3' end sequences respectively as set forth in Example 1 using primers and having appropriate restriction sites and initiation/stop codons, if necessary. Preferably, the 5' primer contains an EcoRI site and the 3' primer includes a HindIII site. Equal quantities of the Moloney murine sarcoma virus linear backbone and the amplified EcoRI and HindIII fragment are added together, in the presence of T4 DNA ligase. The resulting mixture is maintained under conditions appropriate for ligation of the two fragments. The ligation mixture is then used to transform bacteria HB101, which are then plated onto agar containing kanamycin for the purpose of confirming that the vector has the gene of interest properly inserted.

The amphotropic pA317 or GP+am12 packaging cells are grown in tissue culture to confluent density in Dulbecco's Modified Eagles Medium (DMEM) with 10% calf serum (CS), penicillin and streptomycin. The MSV vector containing the gene is then added to the media and the packaging cells transduced with the vector. The packaging cells now produce infectious viral particles containing the gene (the packaging cells are now referred to as producer cells).

Fresh media is added to the transduced producer cells, and subsequently, the media is harvested from a 10 cm plate of confluent producer cells. The spent media, containing the infectious viral particles, is filtered through a millipore filter to remove detached producer cells and this media is then used to infect fibroblast cells. Media is removed from a sub-confluent plate of fibroblasts and quickly replaced with the media from the producer cells. This media is removed and replaced with fresh media. If the titer of virus is high, then virtually all fibroblasts will be infected and no selection is required. If the titer is very low, then it is necessary to use a retroviral vector that has a selectable marker, such as neo or his. Once the fibroblasts have been efficiently infected, the fibroblasts are analyzed to determine whether protein is produced.

The engineered fibroblasts are then transplanted onto the host, either alone or after having been grown to confluence on cytodex 3 microcarrier beads.

Example 17: Gene Therapy Using Endogenous Genes Corresponding To Polynucleotides of the Invention

Another method of gene therapy according to the present invention involves operably associating the endogenous polynucleotide sequence of the invention with a promoter via homologous recombination as described, for example, in U.S. Patent NO: 5,641,670, issued June 24, 1997; International Publication NO: WO 96/29411, published September 26, 1996; International Publication NO: WO 94/12650, published August 4, 1994; Koller et al., *Proc. Natl. Acad. Sci. USA,* 86:8932-8935 (1989); and Zijlstra et al., *Nature,* 342:435-438 (1989). This

method involves the activation of a gene which is present in the target cells, but which is not expressed in the cells, or is expressed at a lower level than desired.

Polynucleotide constructs are made which contain a promoter and targeting sequences, which are homologous to the 5' non-coding sequence of endogenous polynucleotide sequence, flanking the promoter. The targeting sequence will be sufficiently near the 5' end of the polynucleotide sequence so the promoter will be operably linked to the endogenous sequence upon homologous recombination. The promoter and the targeting sequences can be amplified using PCR. Preferably, the amplified promoter contains distinct restriction enzyme sites on the 5' and 3' ends. Preferably, the 3' end of the first targeting sequence contains the same restriction enzyme site as the 5' end of the amplified promoter and the 5' end of the second targeting sequence contains the same restriction site as the 3' end of the amplified promoter.

The amplified promoter and the amplified targeting sequences are digested with the appropriate restriction enzymes and subsequently treated with calf intestinal phosphatase. The digested promoter and digested targeting sequences are added together in the presence of T4 DNA ligase. The resulting mixture is maintained under conditions appropriate for ligation of the two fragments. The construct is size fractionated on an agarose gel, then purified by phenol extraction and ethanol precipitation.

In this Example, the polynucleotide constructs are administered as naked polynucleotides via electroporation. However, the polynucleotide constructs may also be administered with transfection-facilitating agents, such as liposomes, viral sequences, viral particles, precipitating agents, etc. Such methods of delivery are known in the art.

Once the cells are transfected, homologous recombination will take place which results in the promoter being operably linked to the endogenous polynucleotide sequence. This results in the expression of polynucleotide corresponding to the polynucleotide in the cell. Expression may be detected by immunological staining, or any other method known in the art.

Fibroblasts are obtained from a subject by skin biopsy. The resulting tissue is placed in DMEM + 10% fetal calf serum. Exponentially growing or early stationary phase fibroblasts are trypsinized and rinsed from the plastic surface with nutrient medium. An aliquot of the cell suspension is removed for counting, and the remaining cells are subjected to centrifugation. The supernatant is aspirated and the pellet is resuspended in 5 ml of electroporation buffer (20 mM HEPES pH 7.3, 137 mM NaCl, 5 mM KCl, 0.7 mM Na_2 HPO_4, 6 mM dextrose). The cells are recentrifuged, the supernatant aspirated, and the cells resuspended in electroporation buffer containing 1 mg/ml acetylated bovine serum albumin. The final cell suspension contains approximately $3X10^6$ cells/ml. Electroporation should be performed immediately following resuspension.

Plasmid DNA is prepared according to standard techniques. For example, to construct a plasmid for targeting to the locus corresponding to the polynucleotide of the invention, plasmid

pUC18 (MBI Fermentas, Amherst, NY) is digested with HindIII. The CMV promoter is amplified by PCR with an XbaI site on the 5' end and a BamHI site on the 3' end. Two non-coding sequences are amplified via PCR: one non-coding sequence (fragment 1) is amplified with a HindIII site at the 5' end and an Xba site at the 3'end; the other non-coding sequence (fragment 2) is amplified with a BamHI site at the 5'end and a HindIII site at the 3'end. The CMV promoter and the fragments (1 and 2) are digested with the appropriate enzymes (CMV promoter - XbaI and BamHI; fragment 1 - XbaI; fragment 2 - BamHI) and ligated together. The resulting ligation product is digested with HindIII, and ligated with the HindIII-digested pUC18 plasmid.

Plasmid DNA is added to a sterile cuvette with a 0.4 cm electrode gap (Bio-Rad). The final DNA concentration is generally at least 120 µg/ml. 0.5 ml of the cell suspension (containing approximately $1.5.X10^6$ cells) is then added to the cuvette, and the cell suspension and DNA solutions are gently mixed. Electroporation is performed with a Gene-Pulser apparatus (Bio-Rad). Capacitance and voltage are set at 960 µF and 250-300 V, respectively. As voltage increases, cell survival decreases, but the percentage of surviving cells that stably incorporate the introduced DNA into their genome increases dramatically. Given these parameters, a pulse time of approximately 14-20 mSec should be observed.

Electroporated cells are maintained at room temperature for approximately 5 min, and the contents of the cuvette are then gently removed with a sterile transfer pipette. The cells are added directly to 10 ml of prewarmed nutrient media (DMEM with 15% calf serum) in a 10 cm dish and incubated at 37 degree C. The following day, the media is aspirated and replaced with 10 ml of fresh media and incubated for a further 16-24 hours.

The engineered fibroblasts are then injected into the host, either alone or after having been grown to confluence on cytodex 3 microcarrier beads. The fibroblasts now produce the protein product. The fibroblasts can then be introduced into a patient as described above.

Example 18: Method of Treatment Using Gene Therapy - In Vivo

Another aspect of the present invention is using *in vivo* gene therapy methods to prevent, treat, and/or ameliorate cancer or other hyperproliferative diseases and disorders. The gene therapy method relates to the introduction of naked nucleic acid (DNA, RNA, and antisense DNA or RNA) sequences into an animal to increase or decrease the expression of the polypeptide. The polynucleotide of the present invention may be operatively linked to (i.e., associated with) a promoter or any other genetic elements necessary for the expression of the polypeptide by the target tissue. Such gene therapy and delivery techniques and methods are known in the art, see, for example, WO90/11092, WO98/11779; U.S. Patent NO. 5693622, 5705151, 5580859; Tabata et al., Cardiovasc. Res. 35(3):470-479 (1997); Chao et al., Pharmacol. Res. 35(6):517-522 (1997); Wolff, Neuromuscul. Disord. 7(5):314-318 (1997); Schwartz et al., Gene Ther. 3(5):405-411

(1996); Tsurumi et al., Circulation 94(12):3281-3290 (1996) (incorporated herein by reference).

The polynucleotide constructs may be delivered by any method that delivers injectable materials to the cells of an animal, such as, injection into the interstitial space of tissues (heart, muscle, skin, lung, liver, intestine and the like). The polynucleotide constructs can be delivered in a pharmaceutically acceptable liquid or aqueous carrier.

The term "naked" polynucleotide, DNA or RNA, refers to sequences that are free from any delivery vehicle that acts to assist, promote, or facilitate entry into the cell, including viral sequences, viral particles, liposome formulations, ~~lipofectin~~LIPOFECTIN™ or precipitating agents and the like. However, the polynucleotides of the present invention may also be delivered in liposome formulations (such as those taught in Felgner P.L. et al. (1995) Ann. NY Acad. Sci. 772:126-139 and Abdallah B. et al. (1995) Biol. Cell 85(1):1-7) which can be prepared by methods well known to those skilled in the art.

The polynucleotide vector constructs used in the gene therapy method are preferably constructs that will not integrate into the host genome nor will they contain sequences that allow for replication. Any strong promoter known to those skilled in the art can be used for driving the expression of DNA. Unlike other gene therapy techniques, one major advantage of introducing naked nucleic acid sequences into target cells is the transitory nature of the polynucleotide synthesis in the cells. Studies have shown that non-replicating DNA sequences can be introduced into cells to provide production of the desired polypeptide for periods of up to six months.

The polynucleotide construct can be delivered to the interstitial space of tissues within an animal, including muscle, skin, brain, lung, liver, spleen, bone marrow, thymus, heart, lymph, blood, bone, cartilage, pancreas, kidney, gall bladder, stomach, intestine, testis, ovary, uterus, rectum, nervous system, eye, gland, and connective tissue. Interstitial space of the tissues comprises the intercellular fluid, mucopolysaccharide matrix among the reticular fibers of organ tissues, elastic fibers in the walls of vessels or chambers, collagen fibers of fibrous tissues, or that same matrix within connective tissue ensheathing muscle cells or in the lacunae of bone. It is similarly the space occupied by the plasma of the circulation and the lymph fluid of the lymphatic channels. Delivery to the interstitial space of muscle tissue is preferred for the reasons discussed below. They may be conveniently delivered by injection into the tissues comprising these cells. They are preferably delivered to and expressed in persistent, non-dividing cells which are differentiated, although delivery and expression may be achieved in non-differentiated or less completely differentiated cells, such as, for example, stem cells of blood or skin fibroblasts. *In vivo* muscle cells are particularly competent in their ability to take up and express polynucleotides.

For the naked polynucleotide injection, an effective dosage amount of DNA or RNA will be in the range of from about 0.05 g/kg body weight to about 50 mg/kg body weight. Preferably the dosage will be from about 0.005 mg/kg to about 20 mg/kg and more preferably from about 0.05 mg/kg to about 5 mg/kg. Of course, as the artisan of ordinary skill will appreciate, this

dosage will vary according to the tissue site of injection. The appropriate and effective dosage of nucleic acid sequence can readily be determined by those of ordinary skill in the art and may depend on the condition being treated and the route of administration. The preferred route of administration is by the parenteral route of injection into the interstitial space of tissues. However, other parenteral routes may also be used, such as, inhalation of an aerosol formulation particularly for delivery to lungs or bronchial tissues, throat or mucous membranes of the nose. In addition, naked polynucleotide constructs can be delivered to arteries during angioplasty by the catheter used in the procedure.

The dose response effects of injected polynucleotide in muscle *in vivo* is determined as follows. Suitable template DNA for production of mRNA coding for polypeptide of the present invention is prepared in accordance with a standard recombinant DNA methodology. The template DNA, which may be either circular or linear, is either used as naked DNA or complexed with liposomes. The quadriceps muscles of mice are then injected with various amounts of the template DNA.

Five to six week old female and male Balb/C mice are anesthetized by intraperitoneal injection with 0.3 ml of 2.5% Avertin. A 1.5 cm incision is made on the anterior thigh, and the quadriceps muscle is directly visualized. The template DNA is injected in 0.1 ml of carrier in a 1 cc syringe through a 27 gauge needle over one minute, approximately 0.5 cm from the distal insertion site of the muscle into the knee and about 0.2 cm deep. A suture is placed over the injection site for future localization, and the skin is closed with stainless steel clips.

After an appropriate incubation time (e.g., 7 days) muscle extracts are prepared by excising the entire quadriceps. Every fifth 15 um cross-section of the individual quadriceps muscles is histochemically stained for protein expression. A time course for protein expression may be done in a similar fashion except that quadriceps from different mice are harvested at different times. Persistence of DNA in muscle following injection may be determined by Southern blot analysis after preparing total cellular DNA and HIRT supernatants from injected and control mice. The results of the above experimentation in mice can be used to extrapolate proper dosages and other treatment parameters in humans and other animals using naked DNA.

Example 19: Transgenic Animals

The polypeptides of the invention can also be expressed in transgenic animals. Animals of any species, including, but not limited to, mice, rats, rabbits, hamsters, guinea pigs, pigs, micro-pigs, goats, sheep, cows and non-human primates, *e.g.*, baboons, monkeys, and chimpanzees may be used to generate transgenic animals. In a specific embodiment, techniques described herein or otherwise known in the art, are used to express polypeptides of the invention in humans, as part of a gene therapy protocol.

Any technique known in the art may be used to introduce the transgene (i.e., polynucleotides of the invention) into animals to produce the founder lines of transgenic animals. Such techniques include, but are not limited to, pronuclear microinjection (Paterson et al., Appl. Microbiol. Biotechnol. 40:691-698 (1994); Carver et al., Biotechnology (NY) 11:1263-1270 (1993); Wright et al., Biotechnology (NY) 9:830-834 (1991); and Hoppe et al., U.S. Pat. No. 4,873,191 (1989)); retrovirus mediated gene transfer into germ lines (Van der Putten et al., Proc. Natl. Acad. Sci., USA 82:6148-6152 (1985)), blastocysts or embryos; gene targeting in embryonic stem cells (Thompson et al., Cell 56:313-321 (1989)); electroporation of cells or embryos (Lo, 1983, Mol Cell. Biol. 3:1803-1814 (1983)); introduction of the polynucleotides of the invention using a gene gun (see, e.g., Ulmer et al., Science 259:1745 (1993); introducing nucleic acid constructs into embryonic pleuripotent stem cells and transferring the stem cells back into the blastocyst; and sperm-mediated gene transfer (Lavitrano et al., Cell 57:717-723 (1989); etc. For a review of such techniques, see Gordon, "Transgenic Animals," Intl. Rev. Cytol. 115:171-229 (1989), which is incorporated by reference herein in its entirety.

Any technique known in the art may be used to produce transgenic clones containing polynucleotides of the invention, for example, nuclear transfer into enucleated oocytes of nuclei from cultured embryonic, fetal, or adult cells induced to quiescence (Campell et al., Nature 380:64-66 (1996); Wilmut et al., Nature 385:810-813 (1997)).

The present invention provides for transgenic animals that carry the transgene in all their cells, as well as animals which carry the transgene in some, but not all their cells, *i.e.,* mosaic animals or chimeric. The transgene may be integrated as a single transgene or as multiple copies such as in concatamers, *e.g.,* head-to-head tandems or head-to-tail tandems. The transgene may also be selectively introduced into and activated in a particular cell type by following, for example, the teaching of Lasko et al. (Lasko et al., Proc. Natl. Acad. Sci. USA 89:6232-6236 (1992)). The regulatory sequences required for such a cell-type specific activation will depend upon the particular cell type of interest, and will be apparent to those of skill in the art. When it is desired that the polynucleotide transgene be integrated into the chromosomal site of the endogenous gene, gene targeting is preferred. Briefly, when such a technique is to be utilized, vectors containing some nucleotide sequences homologous to the endogenous gene are designed for the purpose of integrating, via homologous recombination with chromosomal sequences, into and disrupting the function of the nucleotide sequence of the endogenous gene. The transgene may also be selectively introduced into a particular cell type, thus inactivating the endogenous gene in only that cell type, by following, for example, the teaching of Gu et al. (Gu et al., Science 265:103-106 (1994)). The regulatory sequences required for such a cell-type specific inactivation will depend upon the particular cell type of interest, and will be apparent to those of skill in the art.

Once transgenic animals have been generated, the expression of the recombinant gene may be assayed utilizing standard techniques. Initial screening may be accomplished by Southern

blot analysis or PCR techniques to analyze animal tissues to verify that integration of the transgene has taken place. The level of mRNA expression of the transgene in the tissues of the transgenic animals may also be assessed using techniques which include, but are not limited to, Northern blot analysis of tissue samples obtained from the animal, *in situ* hybridization analysis, and reverse transcriptase-PCR (rt-PCR). Samples of transgenic gene-expressing tissue may also be evaluated immunocytochemically or immunohistochemically using antibodies specific for the transgene product.

Once the founder animals are produced, they may be bred, inbred, outbred, or crossbred to produce colonies of the particular animal. Examples of such breeding strategies include, but are not limited to: outbreeding of founder animals with more than one integration site in order to establish separate lines; inbreeding of separate lines in order to produce compound transgenics that express the transgene at higher levels because of the effects of additive expression of each transgene; crossing of heterozygous transgenic animals to produce animals homozygous for a given integration site in order to both augment expression and eliminate the need for screening of animals by DNA analysis; crossing of separate homozygous lines to produce compound heterozygous or homozygous lines; and breeding to place the transgene on a distinct background that is appropriate for an experimental model of interest.

Transgenic animals of the invention have uses which include, but are not limited to, animal model systems useful in elaborating the biological function of polypeptides of the present invention, studying conditions and/or disorders associated with aberrant expression, and in screening for compounds effective in ameliorating such conditions and/or disorders.

Example 20: Knock-Out Animals

Endogenous gene expression can also be reduced by inactivating or "knocking out" the gene and/or its promoter using targeted homologous recombination. (e.g., see Smithies et al., Nature 317:230-234 (1985); Thomas & Capecchi, Cell 51:503-512 (1987); Thompson et al., Cell 5:313-321 (1989); each of which is incorporated by reference herein in its entirety). For example, a mutant, non-functional polynucleotide of the invention (or a completely unrelated DNA sequence) flanked by DNA homologous to the endogenous polynucleotide sequence (either the coding regions or regulatory regions of the gene) can be used, with or without a selectable marker and/or a negative selectable marker, to transfect cells that express polypeptides of the invention *in vivo*. In another embodiment, techniques known in the art are used to generate knockouts in cells that contain, but do not express the gene of interest. Insertion of the DNA construct, via targeted homologous recombination, results in inactivation of the targeted gene. Such approaches are particularly suited in research and agricultural fields where modifications to embryonic stem cells can be used to generate animal offspring with an inactive targeted gene (e.g., see Thomas &

Capecchi 1987 and Thompson 1989, *supra*). However this approach can be routinely adapted for use in humans provided the recombinant DNA constructs are directly administered or targeted to the required site *in vivo* using appropriate viral vectors that will be apparent to those of skill in the art.

In further embodiments of the invention, cells that are genetically engineered to express the polypeptides of the invention, or alternatively, that are genetically engineered not to express the polypeptides of the invention (e.g., knockouts) are administered to a patient *in vivo*. Such cells may be obtained from the patient (i.e., animal, including human) or an MHC compatible donor and can include, but are not limited to fibroblasts, bone marrow cells, blood cells (e.g., lymphocytes), adipocytes, muscle cells, endothelial cells etc. The cells are genetically engineered *in vitro* using recombinant DNA techniques to introduce the coding sequence of polypeptides of the invention into the cells, or alternatively, to disrupt the coding sequence and/or endogenous regulatory sequence associated with the polypeptides of the invention, e.g., by transduction (using viral vectors, and preferably vectors that integrate the transgene into the cell genome) or transfection procedures, including, but not limited to, the use of plasmids, cosmids, YACs, naked DNA, electroporation, liposomes, etc. The coding sequence of the polypeptides of the invention can be placed under the control of a strong constitutive or inducible promoter or promoter/enhancer to achieve expression, and preferably secretion, of the polypeptides of the invention. The engineered cells which express and preferably secrete the polypeptides of the invention can be introduced into the patient systemically, e.g., in the circulation, or intraperitoneally.

Alternatively, the cells can be incorporated into a matrix and implanted in the body, e.g., genetically engineered fibroblasts can be implanted as part of a skin graft; genetically engineered endothelial cells can be implanted as part of a lymphatic or vascular graft. (See, for example, Anderson et al. U.S. Patent No. 5,399,349; and Mulligan & Wilson, U.S. Patent No. 5,460,959 each of which is incorporated by reference herein in its entirety).

When the cells to be administered are non-autologous or non-MHC compatible cells, they can be administered using well known techniques which prevent the development of a host immune response against the introduced cells. For example, the cells may be introduced in an encapsulated form which, while allowing for an exchange of components with the immediate extracellular environment, does not allow the introduced cells to be recognized by the host immune system.

Transgenic and "knock-out" animals of the invention have uses which include, but are not limited to, animal model systems useful in elaborating the biological function of polypeptides of the present invention, studying conditions and/or disorders associated with aberrant expression, and in screening for compounds effective in ameliorating such conditions and/or disorders.

Example 21: Assays Detecting Stimulation or Inhibition of B cell Proliferation and Differentiation

Generation of functional humoral immune responses requires both soluble and cognate signaling between B-lineage cells and their microenvironment. Signals may impart a positive stimulus that allows a B-lineage cell to continue its programmed development, or a negative stimulus that instructs the cell to arrest its current developmental pathway. To date, numerous stimulatory and inhibitory signals have been found to influence B cell responsiveness including IL-2, IL-4, IL-5, IL-6, IL-7, IL10, IL-13, IL-14 and IL-15. Interestingly, these signals are by themselves weak effectors but can, in combination with various co-stimulatory proteins, induce activation, proliferation, differentiation, homing, tolerance and death among B cell populations.

One of the best studied classes of B-cell co-stimulatory proteins is the TNF-superfamily. Within this family CD40, CD27, and CD30 along with their respective ligands CD154, CD70, and CD153 have been found to regulate a variety of immune responses. Assays which allow for the detection and/or observation of the proliferation and differentiation of these B-cell populations and their precursors are valuable tools in determining the effects various proteins may have on these B-cell populations in terms of proliferation and differentiation. Listed below are two assays designed to allow for the detection of the differentiation, proliferation, or inhibition of B-cell populations and their precursors.

In Vitro Assay- Agonists or antagonists of the invention can be assessed for its ability to induce activation, proliferation, differentiation or inhibition and/or death in B-cell populations and their precursors. The activity of the agonists or antagonists of the invention on purified human tonsillar B cells, measured qualitatively over the dose range from 0.1 to 10,000 ng/mL, is assessed in a standard B-lymphocyte co-stimulation assay in which purified tonsillar B cells are cultured in the presence of either formalin-fixed *Staphylococcus aureus* Cowan I (SAC) or immobilized anti-human IgM antibody as the priming agent. Second signals such as IL-2 and IL-15 synergize with SAC and IgM crosslinking to elicit B cell proliferation as measured by tritiated-thymidine incorporation. Novel synergizing agents can be readily identified using this assay. The assay involves isolating human tonsillar B cells by magnetic bead (MACS) depletion of CD3-positive cells. The resulting cell population is greater than 95% B cells as assessed by expression of CD45R(B220).

Various dilutions of each sample are placed into individual wells of a 96-well plate to which are added 10^5 B-cells suspended in culture medium (RPMI 1640 containing 10% FBS, 5 X 10^{-5}M 2ME, 100U/ml penicillin, 10ug/ml streptomycin, and 10^{-5} dilution of SAC) in a total volume of 150ul. Proliferation or inhibition is quantitated by a 20h pulse (1uCi/well) with 3H-thymidine (6.7 Ci/mM) beginning 72h post factor addition. The positive and negative controls are IL2 and medium respectively.

In vivo Assay- BALB/c mice are injected (i.p.) twice per day with buffer only, or 2 mg/Kg of agonists or antagonists of the invention, or truncated forms thereof. Mice receive this treatment for 4 consecutive days, at which time they are sacrificed and various tissues and serum collected for analyses. Comparison of H&E sections from normal spleens and spleens treated with agonists or antagonists of the invention identify the results of the activity of the agonists or antagonists on spleen cells, such as the diffusion of peri-arterial lymphatic sheaths, and/or significant increases in the nucleated cellularity of the red pulp regions, which may indicate the activation of the differentiation and proliferation of B-cell populations. Immunohistochemical studies using a B cell marker, anti-CD45R(B220), are used to determine whether any physiological changes to splenic cells, such as splenic disorganization, are due to increased B-cell representation within loosely defined B-cell zones that infiltrate established T-cell regions.

Flow cytometric analyses of the spleens from mice treated with agonist or antagonist is used to indicate whether the agonists or antagonists specifically increases the proportion of ThB+, CD45R(B220)dull B cells over that which is observed in control mice.

Likewise, a predicted consequence of increased mature B-cell representation *in vivo* is a relative increase in serum Ig titers. Accordingly, serum IgM and IgA levels are compared between buffer and agonists or antagonists-treated mice.

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 22: T Cell Proliferation Assay

A CD3-induced proliferation assay is performed on PBMCs and is measured by the uptake of ^{3}H-thymidine. The assay is performed as follows. Ninety-six well plates are coated with 100 µl/well of mAb to CD3 (HIT3a, Pharmingen) or isotype-matched control mAb (B33.1) overnight at 4 degrees C (1 µg/ml in .05M bicarbonate buffer, pH 9.5), then washed three times with PBS. PBMC are isolated by F/H gradient centrifugation from human peripheral blood and added to quadruplicate wells (5 x 10^{4}/well) of mAb coated plates in RPMI containing 10% FCS and P/S in the presence of varying concentrations of agonists or antagonists of the invention (total volume 200 ul). Relevant protein buffer and medium alone are controls. After 48 hr. culture at 37 degrees C, plates are spun for 2 min. at 1000 rpm and 100 µl of supernatant is removed and stored –20 degrees C for measurement of IL-2 (or other cytokines) if effect on proliferation is observed. Wells are supplemented with 100 ul of medium containing 0.5 uCi of ^{3}H-thymidine and cultured at 37 degrees C for 18-24 hr. Wells are harvested and incorporation of ^{3}H-thymidine used as a measure of proliferation. Anti-CD3 alone is the positive control for proliferation. IL-2 (100 U/ml)

is also used as a control which enhances proliferation. Control antibody which does not induce proliferation of T cells is used as the negative control for the effects of agonists or antagonists of the invention.

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 23: Effect of Agonists or Antagonists of the Invention on the Expression of MHC Class II, Costimulatory and Adhesion Molecules and Cell Differentiation of Monocytes and Monocyte-Derived Human Dendritic Cells

Dendritic cells are generated by the expansion of proliferating precursors found in the peripheral blood: adherent PBMC or elutriated monocytic fractions are cultured for 7-10 days with GM-CSF (50 ng/ml) and IL-4 (20 ng/ml). These dendritic cells have the characteristic phenotype of immature cells (expression of CD1, CD80, CD86, CD40 and MHC class II antigens). Treatment with activating factors, such as TNF-α, causes a rapid change in surface phenotype (increased expression of MHC class I and II, costimulatory and adhesion molecules, downregulation of FCγRII, upregulation of CD83). These changes correlate with increased antigen-presenting capacity and with functional maturation of the dendritic cells.

FACS analysis of surface antigens is performed as follows. Cells are treated 1-3 days with increasing concentrations of agonist or antagonist of the invention or LPS (positive control), washed with PBS containing 1% BSA and 0.02 mM sodium azide, and then incubated with 1:20 dilution of appropriate FITC- or PE-labeled monoclonal antibodies for 30 minutes at 4 degrees C. After an additional wash, the labeled cells are analyzed by flow cytometry on a FACScan (Becton Dickinson).

Effect on the production of cytokines. Cytokines generated by dendritic cells, in particular IL-12, are important in the initiation of T-cell dependent immune responses. IL-12 strongly influences the development of Thl helper T-cell immune response, and induces cytotoxic T and NK cell function. An ELISA is used to measure the IL-12 release as follows. Dendritic cells (10^6/ml) are treated with increasing concentrations of agonists or antagonists of the invention for 24 hours. LPS (100 ng/ml) is added to the cell culture as positive control. Supernatants from the cell cultures are then collected and analyzed for IL-12 content using commercial ELISA kit (e.g., R & D Systems (Minneapolis, MN)). The standard protocols provided with the kits are used.

Effect on the expression of MHC Class II, costimulatory and adhesion molecules. Three major families of cell surface antigens can be identified on monocytes: adhesion molecules, molecules involved in antigen presentation, and Fc receptor. Modulation of the expression of MHC class II antigens and other costimulatory molecules, such as B7 and ICAM-1, may result in changes in the antigen presenting capacity of monocytes and ability to induce T cell activation. Increased expression of Fc receptors may correlate with improved monocyte cytotoxic activity, cytokine release and phagocytosis.

FACS analysis is used to examine the surface antigens as follows. Monocytes are treated 1-5 days with increasing concentrations of agonists or antagonists of the invention or LPS (positive control), washed with PBS containing 1% BSA and 0.02 mM sodium azide, and then incubated with 1:20 dilution of appropriate FITC- or PE-labeled monoclonal antibodies for 30 minutes at 4 degrees C. After an additional wash, the labeled cells are analyzed by flow cytometry on a FACScan (Becton Dickinson).

Monocyte activation and/or increased survival. Assays for molecules that activate (or alternatively, inactivate) monocytes and/or increase monocyte survival (or alternatively, decrease monocyte survival) are known in the art and may routinely be applied to determine whether a molecule of the invention functions as an inhibitor or activator of monocytes. Agonists or antagonists of the invention can be screened using the three assays described below. For each of these assays, Peripheral blood mononuclear cells (PBMC) are purified from single donor leukopacks (American Red Cross, Baltimore, MD) by centrifugation through a ~~Histopaque~~HISTOPAQUE™ gradient (~~Sigma~~SIGMA™). Monocytes are isolated from PBMC by counterflow centrifugal elutriation.

Monocyte Survival Assay. Human peripheral blood monocytes progressively lose viability when cultured in absence of serum or other stimuli. Their death results from internally regulated processes (apoptosis). Addition to the culture of activating factors, such as TNF-alpha dramatically improves cell survival and prevents DNA fragmentation. Propidium iodide (PI) staining is used to measure apoptosis as follows. Monocytes are cultured for 48 hours in polypropylene tubes in serum-free medium (positive control), in the presence of 100 ng/ml TNF-alpha (negative control), and in the presence of varying concentrations of the compound to be tested. Cells are suspended at a concentration of 2 x 10^6/ml in PBS containing PI at a final concentration of 5 μg/ml, and then incubated at room temperature for 5 minutes before FACScan analysis. PI uptake has been demonstrated to correlate with DNA fragmentation in this experimental paradigm.

Effect on cytokine release. An important function of monocytes/macrophages is their regulatory activity on other cellular populations of the immune system through the release of cytokines after stimulation. An ELISA to measure cytokine release is performed as follows. Human monocytes are incubated at a density of $5x10^5$ cells/ml with increasing concentrations of agonists or antagonists of the invention and under the same conditions, but in the absence of agonists or antagonists. For IL-12 production, the cells are primed overnight with IFN (100 U/ml) in the presence of agonist or antagonist of the invention. LPS (10 ng/ml) is then added. Conditioned media are collected after 24h and kept frozen until use. Measurement of TNF-alpha, IL-10, MCP-1 and IL-8 is then performed using a commercially available ELISA kit (e.g., R & D Systems (Minneapolis, MN)) and applying the standard protocols provided with the kit.

Oxidative burst. Purified monocytes are plated in 96-w plate at $2\text{-}1x10^5$ cell/well. Increasing concentrations of agonists or antagonists of the invention are added to the wells in a total volume of 0.2 ml culture medium (RPMI 1640 + 10% FCS, glutamine and antibiotics). After 3 days incubation, the plates are centrifuged and the medium is removed from the wells. To the macrophage monolayers, 0.2 ml per well of phenol red solution (140 mM NaCl, 10 mM potassium phosphate buffer pH 7.0, 5.5 mM dextrose, 0.56 mM phenol red and 19 U/ml of HRPO) is added, together with the stimulant (200 nM PMA). The plates are incubated at 37°C for 2 hours and the reaction is stopped by adding 20 µl 1N NaOH per well. The absorbance is read at 610 nm. To calculate the amount of H_2O_2 produced by the macrophages, a standard curve of a H_2O_2 solution of known molarity is performed for each experiment.

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 24: Biological Effects of Agonists or Antagonists of the Invention

Astrocyte and Neuronal Assays·

Agonists or antagonists of the invention, expressed in *Escherichia coli* and purified as described above, can be tested for activity in promoting the survival, neurite outgrowth, or phenotypic differentiation of cortical neuronal cells and for inducing the proliferation of glial fibrillary acidic protein immunopositive cells, astrocytes. The selection of cortical cells for the bioassay is based on the prevalent expression of FGF-1 and FGF-2 in cortical structures and on the previously reported enhancement of cortical neuronal survival resulting from FGF-2 treatment. A thymidine incorporation assay, for example, can be used to elucidate an agonist or antagonist of the invention's activity on these cells.

Moreover, previous reports describing the biological effects of FGF-2 (basic FGF) on cortical or hippocampal neurons *in vitro* have demonstrated increases in both neuron survival and neurite outgrowth (Walicke et al., "Fibroblast growth factor promotes survival of dissociated hippocampal neurons and enhances neurite extension." *Proc. Natl. Acad. Sci. USA 83*:3012-3016. (1986), assay herein incorporated by reference in its entirety). However, reports from experiments done on PC-12 cells suggest that these two responses are not necessarily synonymous and may depend on not only which FGF is being tested but also on which receptor(s) are expressed on the target cells. Using the primary cortical neuronal culture paradigm, the ability of an agonist or antagonist of the invention to induce neurite outgrowth can be compared to the response achieved with FGF-2 using, for example, a thymidine incorporation assay.

Fibroblast and endothelial cell assays·

Human lung fibroblasts are obtained from Clonetics (San Diego, CA) and maintained in growth media from Clonetics. Dermal microvascular endothelial cells are obtained from Cell Applications (San Diego, CA). For proliferation assays, the human lung fibroblasts and dermal microvascular endothelial cells can be cultured at 5,000 cells/well in a 96-well plate for one day in growth medium. The cells are then incubated for one day in 0.1% BSA basal medium. After replacing the medium with fresh 0.1% BSA medium, the cells are incubated with the test proteins for 3 days. ~~Alamar Blue~~ALAMAR BLUE™ (Alamar Biosciences, Sacramento, CA) is added to each well to a final concentration of 10%. The cells are incubated for 4 hr. Cell viability is measured by reading in a ~~CytoFluor~~CYTOFLUOR™ fluorescence reader. For the PGE_2 assays, the human lung fibroblasts are cultured at 5,000 cells/well in a 96-well plate for one day. After a medium change to 0.1% BSA basal medium, the cells are incubated with FGF-2 or agonists or antagonists of the invention with or without

IL-1α for 24 hours. The supernatants are collected and assayed for PGE_2 by EIA kit (Cayman, Ann Arbor, MI). For the IL-6 assays, the human lung fibroblasts are cultured at 5,000 cells/well in a 96-well plate for one day. After a medium change to 0.1% BSA basal medium, the cells are incubated with FGF-2 or with or without agonists or antagonists of the invention IL-1α for 24 hours. The supernatants are collected and assayed for IL-6 by ELISA kit (Endogen, Cambridge, MA).

Human lung fibroblasts are cultured with FGF-2 or agonists or antagonists of the invention for 3 days in basal medium before the addition of ~~Alamar Blue~~ALAMAR BLUE™ to assess effects on growth of the fibroblasts. FGF-2 should show a stimulation at 10 - 2500 ng/ml which can be used to compare stimulation with agonists or antagonists of the invention.

Parkinson Models.

The loss of motor function in Parkinson's disease is attributed to a deficiency of striatal dopamine resulting from the degeneration of the nigrostriatal dopaminergic projection neurons. An animal model for Parkinson's that has been extensively characterized involves the systemic administration of 1-methyl-4 phenyl 1,2,3,6-tetrahydropyridine (MPTP). In the CNS, MPTP is taken-up by astrocytes and catabolized by monoamine oxidase B to 1-methyl-4-phenyl pyridine (MPP^+) and released. Subsequently, MPP^+ is actively accumulated in dopaminergic neurons by the high-affinity reuptake transporter for dopamine. MPP^+ is then concentrated in mitochondria by the electrochemical gradient and selectively inhibits nicotidamide adenine disphosphate: ubiquinone oxidoreductionase (complex I), thereby interfering with electron transport and eventually generating oxygen radicals.

It has been demonstrated in tissue culture paradigms that FGF-2 (basic FGF) has trophic activity towards nigral dopaminergic neurons (Ferrari et al., Dev. Biol. 1989). Recently, Dr. Unsicker's group has demonstrated that administering FGF-2 in gel foam implants in the striatum results in the near complete protection of nigral dopaminergic neurons from the toxicity associated with MPTP exposure (Otto and Unsicker, J. Neuroscience, 1990).

Based on the data with FGF-2, agonists or antagonists of the invention can be evaluated to determine whether it has an action similar to that of FGF-2 in enhancing dopaminergic neuronal survival *in vitro* and it can also be tested *in vivo* for protection of dopaminergic neurons in the striatum from the damage associated with MPTP treatment. The potential effect of an agonist or antagonist of the invention is first examined in vitro in a dopaminergic neuronal cell culture paradigm. The cultures are prepared by dissecting the midbrain floor plate from gestation day 14 Wistar rat embryos. The tissue is dissociated with trypsin and seeded at a density of 200,000 cells/cm^2 on polyorthinine-laminin coated glass coverslips. The cells are maintained in Dulbecco's Modified Eagle's medium and F12 medium containing hormonal supplements (N1). The cultures are fixed with paraformaldehyde after 8 days in vitro and are processed for tyrosine hydroxylase, a specific marker for dopaminergic neurons,

immunohistochemical staining. Dissociated cell cultures are prepared from embryonic rats. The culture medium is changed every third day and the factors are also added at that time.

Since the dopaminergic neurons are isolated from animals at gestation day 14, a developmental time which is past the stage when the dopaminergic precursor cells are proliferating, an increase in the number of tyrosine hydroxylase immunopositive neurons would represent an increase in the number of dopaminergic neurons surviving *in vitro*. Therefore, if an agonist or antagonist of the invention acts to prolong the survival of dopaminergic neurons, it would suggest that the agonist or antagonist may be involved in Parkinson's Disease.

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 25: The Effect of Agonists or Antagonists of the Invention on the Growth of Vascular Endothelial Cells

On day 1, human umbilical vein endothelial cells (HUVEC) are seeded at 2-5x10^4 cells/35 mm dish density in M199 medium containing 4% fetal bovine serum (FBS), 16 units/ml heparin, and 50 units/ml endothelial cell growth supplements (ECGS, Biotechnique, Inc.). On day 2, the medium is replaced with M199 containing 10% FBS, 8 units/ml heparin. An agonist or antagonist of the invention, and positive controls, such as VEGF and basic FGF (bFGF) are added, at varying concentrations. On days 4 and 6, the medium is replaced. On day 8, cell number is determined with a Coulter Counter.

An increase in the number of HUVEC cells indicates that the compound of the invention may proliferate vascular endothelial cells, while a decrease in the number of HUVEC cells indicates that the compound of the invention inhibits vascular endothelial cells.

The studies described in this example tested activity of a polypeptide of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides (e.g., gene therapy), agonists, and/or antagonists of the invention.

Example 26: Rat Corneal Wound Healing Model

This animal model shows the effect of an agonist or antagonist of the invention on neovascularization. The experimental protocol includes:

Making a 1-1.5 mm long incision from the center of cornea into the stromal layer.

Inserting a spatula below the lip of the incision facing the outer corner of the eye.

Making a pocket (its base is 1-1.5 mm form the edge of the eye).

Positioning a pellet, containing 50ng- 5ug of an agonist or antagonist of the invention, within the pocket.

Treatment with an agonist or antagonist of the invention can also be applied topically to the corneal wounds in a dosage range of 20mg - 500mg (daily treatment for five days).

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 27: Diabetic Mouse and Glucocorticoid-Impaired Wound Healing Models

Diabetic db+/db+ Mouse Model.

To demonstrate that an agonist or antagonist of the invention accelerates the healing process, the genetically diabetic mouse model of wound healing is used. The full thickness wound healing model in the db+/db+ mouse is a well characterized, clinically relevant and reproducible model of impaired wound healing. Healing of the diabetic wound is dependent on formation of granulation tissue and re-epithelialization rather than contraction (Gartner, M.H. *et al., J. Surg. Res. 52*:389 (1992); Greenhalgh, D.G. *et al., Am. J. Pathol. 136*:1235 (1990)).

The diabetic animals have many of the characteristic features observed in Type II diabetes mellitus. Homozygous (db+/db+) mice are obese in comparison to their normal heterozygous (db+/+m) littermates. Mutant diabetic (db+/db+) mice have a single autosomal recessive mutation on chromosome 4 (db+) (Coleman *et al. Proc. Natl. Acad. Sci. USA 77*:283-293 (1982)). Animals show polyphagia, polydipsia and polyuria. Mutant diabetic mice (db+/db+) have elevated blood glucose, increased or normal insulin levels, and suppressed cell-mediated immunity (Mandel *et al., J. Immunol. 120*:1375 (1978); Debray-Sachs, M. *et al., Clin. Exp. Immunol. 51(1)*:1-7 (1983); Leiter *et al., Am. J. of Pathol. 114*:46-55 (1985)). Peripheral neuropathy, myocardial complications, and microvascular lesions, basement membrane thickening and glomerular filtration abnormalities have been described in these animals (Norido, F. *et al., Exp. Neurol. 83(2)*:221-232 (1984); Robertson *et al., Diabetes 29(1)*:60-67 (1980); Giacomelli *et al., Lab Invest. 40(4)*:460-473 (1979); Coleman, D.L., *Diabetes 31 (Suppl)*:1-6 (1982)). These homozygous diabetic mice develop hyperglycemia that is resistant to insulin analogous to human type II diabetes (Mandel *et al., J. Immunol. 120*:1375-1377 (1978)).

The characteristics observed in these animals suggests that healing in this model may be similar to the healing observed in human diabetes (Greenhalgh, *et al., Am. J. of Pathol. 136*:1235-1246 (1990)).

Genetically diabetic female C57BL/KsJ (db+/db+) mice and their non-diabetic (db+/+m) heterozygous littermates are used in this study (Jackson Laboratories). The animals are purchased at 6 weeks of age and are 8 weeks old at the beginning of the study. Animals are individually housed and

received food and water ad libitum. All manipulations are performed using aseptic techniques. The experiments are conducted according to the rules and guidelines of Human Genome Sciences, Inc. Institutional Animal Care and Use Committee and the Guidelines for the Care and Use of Laboratory Animals.

Wounding protocol is performed according to previously reported methods (Tsuboi, R. and Rifkin, D.B., *J. Exp. Med. 172*:245-251 (1990)). Briefly, on the day of wounding, animals are anesthetized with an intraperitoneal injection of Avertin (0.01 mg/mL), 2,2,2-tribromoethanol and 2-methyl-2-butanol dissolved in deionized water. The dorsal region of the animal is shaved and the skin washed with 70% ethanol solution and iodine. The surgical area is dried with sterile gauze prior to wounding. An 8 mm full-thickness wound is then created using a Keyes tissue punch. Immediately following wounding, the surrounding skin is gently stretched to eliminate wound expansion. The wounds are left open for the duration of the experiment. Application of the treatment is given topically for 5 consecutive days commencing on the day of wounding. Prior to treatment, wounds are gently cleansed with sterile saline and gauze sponges.

Wounds are visually examined and photographed at a fixed distance at the day of surgery and at two day intervals thereafter. Wound closure is determined by daily measurement on days 1-5 and on day 8. Wounds are measured horizontally and vertically using a calibrated Jameson caliper. Wounds are considered healed if granulation tissue is no longer visible and the wound is covered by a continuous epithelium.

An agonist or antagonist of the invention is administered using at a range different doses, from 4mg to 500mg per wound per day for 8 days in vehicle. Vehicle control groups received 50mL of vehicle solution.

Animals are euthanized on day 8 with an intraperitoneal injection of sodium pentobarbital (300mg/kg). The wounds and surrounding skin are then harvested for histology and immunohistochemistry. Tissue specimens are placed in 10% neutral buffered formalin in tissue cassettes between biopsy sponges for further processing.

Three groups of 10 animals each (5 diabetic and 5 non-diabetic controls) are evaluated: 1) Vehicle placebo control, 2) untreated group, and 3) treated group.

Wound closure is analyzed by measuring the area in the vertical and horizontal axis and obtaining the total square area of the wound. Contraction is then estimated by establishing the differences between the initial wound area (day 0) and that of post treatment (day 8). The wound area on day 1 is 64mm^2, the corresponding size of the dermal punch. Calculations are made using the following formula:

[Open area on day 8] - [Open area on day 1] / [Open area on day 1]

Specimens are fixed in 10% buffered formalin and paraffin embedded blocks are sectioned perpendicular to the wound surface (5mm) and cut using a Reichert-Jung microtome. Routine hematoxylin-eosin (H&E) staining is performed on cross-sections of bisected wounds. Histologic examination of the wounds are used to assess whether the healing process and the morphologic appearance of the repaired skin is altered by treatment with an agonist or antagonist of the invention. This assessment included verification of the presence of cell accumulation, inflammatory cells, capillaries, fibroblasts, re-epithelialization and epidermal maturity (Greenhalgh, D.G. *et al., Am. J. Pathol. 136:*1235 (1990)). A calibrated lens micrometer is used by a blinded observer.

Tissue sections are also stained immunohistochemically with a polyclonal rabbit anti-human keratin antibody using ABC Elite detection system. Human skin is used as a positive tissue control while non-immune IgG is used as a negative control. Keratinocyte growth is determined by evaluating the extent of reepithelialization of the wound using a calibrated lens micrometer.

Proliferating cell nuclear antigen/cyclin (PCNA) in skin specimens is demonstrated by using anti-PCNA antibody (1:50) with an ABC Elite detection system. Human colon cancer served as a positive tissue control and human brain tissue is used as a negative tissue control. Each specimen included a section with omission of the primary antibody and substitution with non-immune mouse IgG. Ranking of these sections is based on the extent of proliferation on a scale of 0-8, the lower side of the scale reflecting slight proliferation to the higher side reflecting intense proliferation.

Experimental data are analyzed using an unpaired t test. A p value of < 0.05 is considered significant.

Steroid Impaired Rat Model

The inhibition of wound healing by steroids has been well documented in various *in vitro* and *in vivo* systems (Wahl, Glucocorticoids and Wound healing. In: Anti-Inflammatory Steroid Action: Basic and Clinical Aspects. 280-302 (1989); Wahl*et al., J. Immunol. 115*: 476-481 (1975); Werb *et al., J. Exp. Med. 147*:1684-1694 (1978)). Glucocorticoids retard wound healing by inhibiting angiogenesis, decreasing vascular permeability (Ebert *et al., An. Intern. Med. 37*:701-705 (1952)), fibroblast proliferation, and collagen synthesis (Beck *et al., Growth Factors. 5:* 295-304 (1991); Haynes *et al., J. Clin. Invest. 61:* 703-797 (1978)) and producing a transient reduction of circulating monocytes (Haynes et al., *J. Clin. Invest. 61:* 703-797 (1978); Wahl, "Glucocorticoids and wound healing", *In:* Antiinflammatory Steroid Action: Basic and Clinical Aspects, Academic Press, New York, pp. 280-302 (1989)). The systemic administration of steroids to impaired wound healing is a well establish phenomenon in rats (Beck *et al., Growth Factors. 5:* 295-304 (1991); Haynes *et al., J. Clin. Invest. 61:* 703-797 (1978); Wahl, "Glucocorticoids and wound healing", *In*: Antiinflammatory Steroid Action: Basic and Clinical Aspects, Academic Press, New York, pp. 280-302 (1989); Pierce *et al., Proc. Natl. Acad. Sci. USA 86*: 2229-2233 (1989)).

To demonstrate that an agonist or antagonist of the invention can accelerate the healing process, the effects of multiple topical applications of the agonist or antagonist on full thickness excisional skin wounds in rats in which healing has been impaired by the systemic administration of methylprednisolone is assessed.

Young adult male Sprague Dawley rats weighing 250-300 g (Charles River Laboratories) are used in this example. The animals are purchased at 8 weeks of age and are 9 weeks old at the beginning of the study. The healing response of rats is impaired by the systemic administration of methylprednisolone (17mg/kg/rat intramuscularly) at the time of wounding. Animals are individually housed and received food and water *ad libitum*. All manipulations are performed using aseptic techniques. This study is conducted according to the rules and guidelines of Human Genome Sciences, Inc. Institutional Animal Care and Use Committee and the Guidelines for the Care and Use of Laboratory Animals.

The wounding protocol is followed according to section A, above. On the day of wounding, animals are anesthetized with an intramuscular injection of ketamine (50 mg/kg) and xylazine (5 mg/kg). The dorsal region of the animal is shaved and the skin washed with 70% ethanol and iodine solutions. The surgical area is dried with sterile gauze prior to wounding. An 8 mm full-thickness wound is created using a Keyes tissue punch. The wounds are left open for the duration of the experiment. Applications of the testing materials are given topically once a day for 7 consecutive days commencing on the day of wounding and subsequent to methylprednisolone administration. Prior to treatment, wounds are gently cleansed with sterile saline and gauze sponges.

Wounds are visually examined and photographed at a fixed distance at the day of wounding and at the end of treatment. Wound closure is determined by daily measurement on days 1-5 and on day 8. Wounds are measured horizontally and vertically using a calibrated Jameson caliper. Wounds are considered healed if granulation tissue is no longer visible and the wound is covered by a continuous epithelium.

The agonist or antagonist of the invention is administered using at a range different doses, from 4mg to 500mg per wound per day for 8 days in vehicle. Vehicle control groups received 50mL of vehicle solution.

Animals are euthanized on day 8 with an intraperitoneal injection of sodium pentobarbital (300mg/kg). The wounds and surrounding skin are then harvested for histology. Tissue specimens are placed in 10% neutral buffered formalin in tissue cassettes between biopsy sponges for further processing.

Three groups of 10 animals each (5 with methylprednisolone and 5 without glucocorticoid) are evaluated: 1) Untreated group 2) Vehicle placebo control 3) treated groups.

Wound closure is analyzed by measuring the area in the vertical and horizontal axis and obtaining the total area of the wound. Closure is then estimated by establishing the differences between

the initial wound area (day 0) and that of post treatment (day 8). The wound area on day 1 is 64mm^2, the corresponding size of the dermal punch. Calculations are made using the following formula:

[Open area on day 8] - [Open area on day 1] / [Open area on day 1]

Specimens are fixed in 10% buffered formalin and paraffin embedded blocks are sectioned perpendicular to the wound surface (5mm) and cut using an Olympus microtome. Routine hematoxylin-eosin (H&E) staining is performed on cross-sections of bisected wounds. Histologic examination of the wounds allows assessment of whether the healing process and the morphologic appearance of the repaired skin is improved by treatment with an agonist or antagonist of the invention. A calibrated lens micrometer is used by a blinded observer to determine the distance of the wound gap.

Experimental data are analyzed using an unpaired t test. A p value of < 0.05 is considered significant.

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 28: Lymphadema Animal Model

The purpose of this experimental approach is to create an appropriate and consistent lymphedema model for testing the therapeutic effects of an agonist or antagonist of the invention in lymphangiogenesis and re-establishment of the lymphatic circulatory system in the rat hind limb. Effectiveness is measured by swelling volume of the affected limb, quantification of the amount of lymphatic vasculature, total blood plasma protein, and histopathology. Acute lymphedema is observed for 7-10 days. Perhaps more importantly, the chronic progress of the edema is followed for up to 3-4 weeks.

Prior to beginning surgery, blood sample is drawn for protein concentration analysis. Male rats weighing approximately ~350g are dosed with Pentobarbital. Subsequently, the right legs are shaved from knee to hip. The shaved area is swabbed with gauze soaked in 70% EtOH. Blood is drawn for serum total protein testing. Circumference and volumetric measurements are made prior to injecting dye into paws after marking 2 measurement levels (0.5 cm above heel, at mid-pt of dorsal paw). The intradermal dorsum of both right and left paws are injected with 0.05 ml of 1% Evan's Blue. Circumference and volumetric measurements are then made following injection of dye into paws.

Using the knee joint as a landmark, a mid-leg inguinal incision is made circumferentially allowing the femoral vessels to be located. Forceps and hemostats are used to dissect and separate the skin flaps. After locating the femoral vessels, the lymphatic vessel that runs along side and underneath

the vessel(s) is located. The main lymphatic vessels in this area are then electrically coagulated or suture ligated.

Using a microscope, muscles in back of the leg (near the semitendinosis and adductors) are bluntly dissected. The popliteal lymph node is then located. The 2 proximal and 2 distal lymphatic vessels and distal blood supply of the popliteal node are then ligated by suturing. The popliteal lymph node, and any accompanying adipose tissue, is then removed by cutting connective tissues.

Care is taken to control any mild bleeding resulting from this procedure. After lymphatics are occluded, the skin flaps are sealed by using liquid skin (Vetbond) (AJ Buck). The separated skin edges are sealed to the underlying muscle tissue while leaving a gap of ~0.5 cm around the leg. Skin also may be anchored by suturing to underlying muscle when necessary.

To avoid infection, animals are housed individually with mesh (no bedding). Recovering animals are checked daily through the optimal edematous peak, which typically occurred by day 5-7. The plateau edematous peak are then observed. To evaluate the intensity of the lymphedema, the circumference and volumes of 2 designated places on each paw before operation and daily for 7 days are measured. The effect of plasma proteins on lymphedema is determined and whether protein analysis is a useful testing perimeter is also investigated. The weights of both control and edematous limbs are evaluated at 2 places. Analysis is performed in a blind manner.

Circumference Measurements: Under brief gas anesthetic to prevent limb movement, a cloth tape is used to measure limb circumference. Measurements are done at the ankle bone and dorsal paw by 2 different people and those 2 readings are averaged. Readings are taken from both control and edematous limbs.

Volumetric Measurements: On the day of surgery, animals are anesthetized with Pentobarbital and are tested prior to surgery. For daily volumetrics animals are under brief halothane anesthetic (rapid immobilization and quick recovery), and both legs are shaved and equally marked using waterproof marker on legs. Legs are first dipped in water, then dipped into instrument to each marked level then measured by Buxco edema software(Chen/Victor). Data is recorded by one person, while the other is dipping the limb to marked area.

Blood-plasma protein measurements: Blood is drawn, spun, and serum separated prior to surgery and then at conclusion for total protein and $Ca2^{+}$ comparison.

Limb Weight Comparison: After drawing blood, the animal is prepared for tissue collection. The limbs are amputated using a quillitine, then both experimental and control legs are cut at the ligature and weighed. A second weighing is done as the tibio-cacaneal joint is disarticulated and the foot is weighed.

Histological Preparations: The transverse muscle located behind the knee (popliteal) area is dissected and arranged in a metal mold, filled with freezeGel, dipped into cold methylbutane, placed into labeled sample bags at - 80EC until sectioning. Upon sectioning, the muscle is observed under fluorescent microscopy for lymphatics..

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 29: Suppression of TNF alpha-induced adhesion molecule expression by an Agonist or Antagonist of the Invention

The recruitment of lymphocytes to areas of inflammation and angiogenesis involves specific receptor-ligand interactions between cell surface adhesion molecules (CAMs) on lymphocytes and the vascular endothelium. The adhesion process, in both normal and pathological settings, follows a multi-step cascade that involves intercellular adhesion molecule-1 (ICAM-1), vascular cell adhesion molecule-1 (VCAM-1), and endothelial leukocyte adhesion molecule-1 (E-selectin) expression on endothelial cells (EC). The expression of these molecules and others on the vascular endothelium determines the efficiency with which leukocytes may adhere to the local vasculature and extravasate into the local tissue during the development of an inflammatory response. The local concentration of cytokines and growth factor participate in the modulation of the expression of these CAMs.

Tumor necrosis factor alpha (TNF-a), a potent proinflammatory cytokine, is a stimulator of all three CAMs on endothelial cells and may be involved in a wide variety of inflammatory responses, often resulting in a pathological outcome.

The potential of an agonist or antagonist of the invention to mediate a suppression of TNF-a induced CAM expression can be examined. A modified ELISA assay which uses ECs as a solid phase absorbent is employed to measure the amount of CAM expression on TNF-a treated ECs when co-stimulated with a member of the FGF family of proteins.

To perform the experiment, human umbilical vein endothelial cell (HUVEC) cultures are obtained from pooled cord harvests and maintained in growth medium (EGM-2; Clonetics, San Diego, CA) supplemented with 10% FCS and 1% penicillin/streptomycin in a 37 degree C humidified incubator containing 5% CO_2. HUVECs are seeded in 96-well plates at concentrations of 1 x 10^4 cells/well in EGM medium at 37 degree C for 18-24 hrs or until confluent. The monolayers are subsequently washed 3 times with a serum-free solution of RPMI-1640 supplemented with 100 U/ml penicillin and 100 mg/ml streptomycin, and treated with a given cytokine and/or growth factor(s) for 24 h at 37 degree C. Following incubation, the cells are then evaluated for CAM expression.

Human Umbilical Vein Endothelial cells (HUVECs) are grown in a standard 96 well plate to confluence. Growth medium is removed from the cells and replaced with 90 ul of 199 Medium (10% FBS). Samples for testing and positive or negative controls are added to the plate in triplicate (in 10 ul volumes). Plates are incubated at 37 degree C for either 5 h (selectin and integrin expression) or 24 h

(integrin expression only). Plates are aspirated to remove medium and 100 µl of 0.1% paraformaldehyde-PBS(with Ca++ and Mg++) is added to each well. Plates are held at 4°C for 30 min.

Fixative is then removed from the wells and wells are washed 1X with PBS(+Ca,Mg)+0.5% BSA and drained. Do not allow the wells to dry. Add 10 µl of diluted primary antibody to the test and control wells. Anti-ICAM-1-Biotin, Anti-VCAM-1-Biotin and Anti-E-selectin-Biotin are used at a concentration of 10 µg/ml (1:10 dilution of 0.1 mg/ml stock antibody). Cells are incubated at 37°C for 30 min. in a humidified environment. Wells are washed X3 with PBS(+Ca,Mg)+0.5% BSA.

Then add 20 µl of diluted ~~ExtrAvidin~~EXTRAVIDIN™-Alkaline Phosphotase (1:5,000 dilution) to each well and incubated at 37°C for 30 min. Wells are washed X3 with PBS(+Ca,Mg)+0.5% BSA. 1 tablet of p-Nitrophenol Phosphate pNPP is dissolved in 5 ml of glycine buffer (pH 10.4). 100 µl of pNPP substrate in glycine buffer is added to each test well. Standard wells in triplicate are prepared from the working dilution of the ~~ExtrAvidin~~EXTRAVIDIN™-Alkaline Phosphotase in glycine buffer: 1:5,000 (10^0) > $10^{-0.5}$ > 10^{-1} > $10^{-1.5}$. 5 µl of each dilution is added to triplicate wells and the resulting AP content in each well is 5.50 ng, 1.74 ng, 0.55 ng, 0.18 ng. 100 µl of pNNP reagent must then be added to each of the standard wells. The plate must be incubated at 37°C for 4h. A volume of 50 µl of 3M NaOH is added to all wells. The results are quantified on a plate reader at 405 nm. The background subtraction option is used on blank wells filled with glycine buffer only. The template is set up to indicate the concentration of AP-conjugate in each standard well [5.50 ng; 1.74 ng; 0.55 ng; 0.18 ng]. Results are indicated as amount of bound AP-conjugate in each sample.

The studies described in this example tested activity of agonists or antagonists of the invention. However, one skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides or polypeptides of the invention (e.g., gene therapy).

Example 30: Production Of Polypeptide of the Invention For High-Throughput Screening Assays

The following protocol produces a supernatant containing polypeptide of the present invention to be tested. This supernatant can then be used in the Screening Assays described in Examples 32-41.

First, dilute Poly-D-Lysine (644 587 ~~Boehringer~~BOEHRINGER™-Mannheim) stock solution (1mg/ml in PBS) 1:20 in PBS (w/o calcium or magnesium 17-516F Biowhittaker) for a working solution of 50ug/ml. Add 200 ul of this solution to each well (24 well plates) and incubate at RT for 20 minutes. Be sure to distribute the solution over each well (note: a 12-channel pipetter may be used with tips on every other channel). Aspirate off the Poly-D-Lysine solution and rinse with 1ml PBS (Phosphate Buffered Saline). The PBS should remain in the well

until just prior to plating the cells and plates may be poly-lysine coated in advance for up to two weeks.

Plate 293T cells (do not carry cells past P+20) at 2 x 10^5 cells/well in .5ml DMEM(Dulbecco's Modified Eagle Medium)(with 4.5 G/L glucose and L-glutamine (12-604F Biowhittaker))/10% heat inactivated FBS(14-503F Biowhittaker)/1x Penstrep(17-602E Biowhittaker). Let the cells grow overnight.

The next day, mix together in a sterile solution basin: 300 ul Lipofectamine (18324-012 Gibco/BRL) and 5ml Optimem I (31985070 Gibco/BRL)/96-well plate. With a small volume multi-channel pipetter, aliquot approximately 2ug of an expression vector containing a polynucleotide insert, produced by the methods described in Examples 8-10, into an appropriately labeled 96-well round bottom plate. With a multi-channel pipetter, add 50ul of the Lipofectamine/Optimem I mixture to each well. Pipette up and down gently to mix. Incubate at RT 15-45 minutes. After about 20 minutes, use a multi-channel pipetter to add 150ul Optimem I to each well. As a control, one plate of vector DNA lacking an insert should be transfected with each set of transfections.

Preferably, the transfection should be performed by tag-teaming the following tasks. By tag-teaming, hands on time is cut in half, and the cells do not spend too much time on PBS. First, person A aspirates off the media from four 24-well plates of cells, and then person B rinses each well with .5-1ml PBS. Person A then aspirates off PBS rinse, and person B, using a12-channel pipetter with tips on every other channel, adds the 200ul of DNA/Lipofectamine/Optimem I complex to the odd wells first, then to the even wells, to each row on the 24-well plates. Incubate at 37 degree C for 6 hours.

While cells are incubating, prepare appropriate media, either 1%BSA in DMEM with 1x penstrep, or HGS CHO-5 media (116.6 mg/L of CaCl2 (anhyd); 0.00130 mg/L $CuSO_4$-$5H_2O$; 0.050 mg/L of $Fe(NO_3)_3$-$9H_2O$; 0.417 mg/L of $FeSO_4$-$7H_2O$; 311.80 mg/L of Kcl; 28.64 mg/L of $MgCl_2$; 48.84 mg/L of $MgSO_4$; 6995.50 mg/L of NaCl; 2400.0 mg/L of $NaHCO_3$; 62.50 mg/L of NaH_2PO_4-H_20; 71.02 mg/L of Na_2HPO4; .4320 mg/L of $ZnSO_4$-$7H_2O$; .002 mg/L of Arachidonic Acid ; 1.022 mg/L of Cholesterol; .070 mg/L of DL-alpha-Tocopherol-Acetate; 0.0520 mg/L of Linoleic Acid; 0.010 mg/L of Linolenic Acid; 0.010 mg/L of Myristic Acid; 0.010 mg/L of Oleic Acid; 0.010 mg/L of Palmitric Acid; 0.010 mg/L of Palmitic Acid; 100 mg/L of Pluronic F-68; 0.010 mg/L of Stearic Acid; 2.20 mg/L of Tween 80; 4551 mg/L of D-Glucose; 130.85 mg/ml of L- Alanine; 147.50 mg/ml of L-Arginine-HCL; 7.50 mg/ml of L-Asparagine-H_20; 6.65 mg/ml of L-Aspartic Acid; 29.56 mg/ml of L-Cystine-2HCL-H_20; 31.29 mg/ml of L-Cystine-2HCL; 7.35 mg/ml of L-Glutamic Acid; 365.0 mg/ml of L-Glutamine; 18.75 mg/ml of Glycine; 52.48 mg/ml of L-Histidine-HCL-H_20; 106.97 mg/ml of L-Isoleucine; 111.45 mg/ml of L-Leucine; 163.75 mg/ml of L-Lysine HCL; 32.34 mg/ml of L-Methionine; 68.48 mg/ml of L-

Phenylalainine; 40.0 mg/ml of L-Proline; 26.25 mg/ml of L-Serine; 101.05 mg/ml of L-Threonine; 19.22 mg/ml of L-Tryptophan; 91.79 mg/ml of L-Tryrosine-2Na-2H_20; and 99.65 mg/ml of L-Valine; 0.0035 mg/L of Biotin; 3.24 mg/L of D-Ca Pantothenate; 11.78 mg/L of Choline Chloride; 4.65 mg/L of Folic Acid; 15.60 mg/L of i-Inositol; 3.02 mg/L of Niacinamide; 3.00 mg/L of Pyridoxal HCL; 0.031 mg/L of Pyridoxine HCL; 0.319 mg/L of Riboflavin; 3.17 mg/L of Thiamine HCL; 0.365 mg/L of Thymidine; 0.680 mg/L of Vitamin B_{12}; 25 mM of HEPES Buffer; 2.39 mg/L of Na Hypoxanthine; 0.105 mg/L of Lipoic Acid; 0.081 mg/L of Sodium Putrescine-2HCL; 55.0 mg/L of Sodium Pyruvate; 0.0067 mg/L of Sodium Selenite; 20uM of Ethanolamine; 0.122 mg/L of Ferric Citrate; 41.70 mg/L of Methyl-B-Cyclodextrin complexed with Linoleic Acid; 33.33 mg/L of Methyl-B-Cyclodextrin complexed with Oleic Acid; 10 mg/L of Methyl-B-Cyclodextrin complexed with Retinal Acetate. Adjust osmolarity to 327 mOsm) with 2mm glutamine and 1x penstrep. (BSA (81-068-3 ~~Bayer~~BAYER™) 100gm dissolved in 1L DMEM for a 10% BSA stock solution). Filter the media and collect 50 ul for endotoxin assay in 15ml polystyrene conical.

The transfection reaction is terminated, preferably by tag-teaming, at the end of the incubation period. Person A aspirates off the transfection media, while person B adds 1.5ml appropriate media to each well. Incubate at 37 degree C for 45 or 72 hours depending on the media used: 1%BSA for 45 hours or CHO-5 for 72 hours.

On day four, using a 300ul multichannel pipetter, aliquot 600ul in one 1ml deep well plate and the remaining supernatant into a 2ml deep well. The supernatants from each well can then be used in the assays described in Examples 32-39.

It is specifically understood that when activity is obtained in any of the assays described below using a supernatant, the activity originates from either the polypeptide of the present invention directly (e.g., as a secreted protein) or by polypeptide of the present invention inducing expression of other proteins, which are then secreted into the supernatant. Thus, the invention further provides a method of identifying the protein in the supernatant characterized by an activity in a particular assay.

Example 31: Construction of GAS Reporter Construct

One signal transduction pathway involved in the differentiation and proliferation of cells is called the Jaks-STATs pathway. Activated proteins in the Jaks-STATs pathway bind to gamma activation site "GAS" elements or interferon-sensitive responsive element ("ISRE"), located in the promoter of many genes. The binding of a protein to these elements alter the expression of the associated gene.

GAS and ISRE elements are recognized by a class of transcription factors called Signal Transducers and Activators of Transcription, or "STATs." There are six members of the STATs family. Stat1 and Stat3 are present in many cell types, as is Stat2 (as response to IFN-alpha is widespread). Stat4 is more restricted and is not in many cell types though it has been found in T helper class I, cells after treatment with IL-12. Stat5 was originally called mammary growth factor, but has been found at higher concentrations in other cells including myeloid cells. It can be activated in tissue culture cells by many cytokines.

The STATs are activated to translocate from the cytoplasm to the nucleus upon tyrosine phosphorylation by a set of kinases known as the Janus Kinase ("Jaks") family. Jaks represent a distinct family of soluble tyrosine kinases and include Tyk2, Jak1, Jak2, and Jak3. These kinases display significant sequence similarity and are generally catalytically inactive in resting cells.

The Jaks are activated by a wide range of receptors summarized in the Table below. (Adapted from review by Schidler and Darnell, Ann. Rev. Biochem. 64:621-51 (1995)). A cytokine receptor family, capable of activating Jaks, is divided into two groups: (a) Class 1 includes receptors for IL-2, IL-3, IL-4, IL-6, IL-7, IL-9, IL-11, IL-12, IL-15, Epo, PRL, GH, G-CSF, GM-CSF, LIF, CNTF, and thrombopoietin; and (b) Class 2 includes IFN-a, IFN-g, and IL-10. The Class 1 receptors share a conserved cysteine motif (a set of four conserved cysteines and one tryptophan) and a WSXWS motif (a membrane proximal region encoding Trp-Ser-Xaa-Trp-Ser (SEQ ID NO: 2)).

Thus, on binding of a ligand to a receptor, Jaks are activated, which in turn activate STATs, which then translocate and bind to GAS elements. This entire process is encompassed in the Jaks-STATs signal transduction pathway. Therefore, activation of the Jaks-STATs pathway, reflected by the binding of the GAS or the ISRE element, can be used to indicate proteins involved in the proliferation and differentiation of cells. For example, growth factors and cytokines are known to activate the Jaks-STATs pathway (See Table below). Thus, by using GAS elements linked to reporter molecules, activators of the Jaks-STATs pathway can be identified.

Ligand	JAKs tyk2	Jak1	Jak2	Jak3	STATS	GAS(elements) or ISRE
IFN family						
IFN-a/B	+	+	-	-	1,2,3	ISRE
IFN-g		+	+	-	1	GAS (IRF1>Lys6>IFP)
Il-10	+	?	?	-	1,3	
gp130 family						
IL-6 (Pleiotropic)	+	+	+	?	1,3	GAS (IRF1>Lys6>IFP)
Il-11(Pleiotropic)	?	+	?	?	1,3	
OnM(Pleiotropic)	?	+	+	?	1,3	
LIF(Pleiotropic)	?	+	+	?	1,3	
CNTF(Pleiotropic)	-/+	+	+	?	1,3	
G-CSF(Pleiotropic)	?	+	?	?	1,3	
IL-12(Pleiotropic)	+	-	+	+	1,3	
g-C family						
IL-2 (lymphocytes)	-	+	-	+	1,3,5	GAS
IL-4 (lymph/myeloid)	-	+	-	+	6	GAS (IRF1 = IFP >>Ly6)(IgH)
IL-7 (lymphocytes)	-	+	-	+	5	GAS
IL-9 (lymphocytes)	-	+	-	+	5	GAS
IL-13 (lymphocyte)	-	+	?	?	6	GAS
IL-15	?	+	?	+	5	GAS
gp140 family						
IL-3 (myeloid)	-	-	+	-	5	GAS (IRF1>IFP>>Ly6)
IL-5 (myeloid)	-	-	+	-	5	GAS
GM-CSF (myeloid)	-	-	+	-	5	GAS
Growth hormone family						
GH	?	-	+	-	5	
PRL	?	+/-	+	-	1,3,5	
EPO	?	-	+	-	5	GAS(B-CAS>IRF1=IFP>>Ly6)
Receptor Tyrosine Kinases						
EGF	?	+	+	-	1,3	GAS (IRF1)
PDGF	?	+	+	-	1,3	
CSF-1	?	+	+	-	1,3	GAS (not IRF1)

To construct a synthetic GAS containing promoter element, which is used in the Biological Assays described in Examples 32-33, a PCR based strategy is employed to generate a GAS-SV40 promoter sequence. The 5' primer contains four tandem copies of the GAS binding site found in the IRF1 promoter and previously demonstrated to bind STATs upon induction with a range of cytokines (Rothman et al., Immunity 1:457-468 (1994).), although other GAS or ISRE elements can be used instead. The 5' primer also contains 18bp of sequence complementary to the SV40 early promoter sequence and is flanked with an XhoI site. The sequence of the 5' primer is:

5':GCGCCTCGAGATTTCCCCGAAATCTAGATTTCCCCGAAATGATTTCCCCGAAATGATTTCCCCGAAATATCTGCCATCTCAATTAG:3' (SEQ ID NO: 3)

The downstream primer is complementary to the SV40 promoter and is flanked with a Hind III site: 5':GCGGCAAGCTTTTTGCAAAGCCTAGGC:3' (SEQ ID NO: 4)

PCR amplification is performed using the SV40 promoter template present in the B-gal:promoter plasmid obtained from ~~Clontech~~CLONTECH™. The resulting PCR fragment is digested with XhoI/Hind III and subcloned into BLSK2-. (~~Stratagene~~STRATAGENE™.) Sequencing with forward and reverse primers confirms that the insert contains the following sequence:

5':CTCGAGATTTCCCCGAAATCTAGATTTCCCCGAAATGATTTCCCCGAAATGATTTCCCCGAAATATCTGCCATCTCAATTAGTCAGCAACCATAGTCCCGCCCCTAACTCCGCCCATCCCGCCCCTAACTCCGCCCAGTTCCGCCCATTCTCCGCCCCATGGCTGACTAATTTTTTTTATTTATGCAGAGGCCGAGGCCGCCTCGGCCTCTGAGCTATTCCAGAAGTAGTGAGGAGGCTTTTTTGGAGGCCTAGGCTTTTGCAAAAAGCTT:3' (SEQ ID NO: 5)

With this GAS promoter element linked to the SV40 promoter, a GAS:SEAP2 reporter construct is next engineered. Here, the reporter molecule is a secreted alkaline phosphatase, or "SEAP." Clearly, however, any reporter molecule can be instead of SEAP, in this or in any of the other Examples. Well known reporter molecules that can be used instead of SEAP include chloramphenicol acetyltransferase (CAT), luciferase, alkaline phosphatase, B-galactosidase, green fluorescent protein (GFP), or any protein detectable by an antibody.

The above sequence confirmed synthetic GAS-SV40 promoter element is subcloned into the pSEAP-Promoter vector obtained from ~~Clontech~~CLONTECH™ using HindIII and XhoI, effectively replacing the SV40 promoter with the amplified GAS:SV40 promoter element, to create the GAS-SEAP vector. However, this vector does not contain a neomycin resistance gene, and therefore, is not preferred for mammalian expression systems.

Thus, in order to generate mammalian stable cell lines expressing the GAS-SEAP reporter, the GAS-SEAP cassette is removed from the GAS-SEAP vector using SalI and NotI, and inserted into a backbone vector containing the neomycin resistance gene, such as pGFP-1

(~~Clontech~~CLONTECH™), using these restriction sites in the multiple cloning site, to create the GAS-SEAP/Neo vector. Once this vector is transfected into mammalian cells, this vector can then be used as a reporter molecule for GAS binding as described in Examples 32-33.

Other constructs can be made using the above description and replacing GAS with a different promoter sequence. For example, construction of reporter molecules containing EGR and NF-KB promoter sequences are described in Examples 34 and 35. However, many other promoters can be substituted using the protocols described in these Examples. For instance, SRE, IL-2, NFAT, or Osteocalcin promoters can be substituted, alone or in combination (e.g., GAS/NF-KB/EGR, GAS/NF-KB, Il-2/NFAT, or NF-KB/GAS). Similarly, other cell lines can be used to test reporter construct activity, such as HELA (epithelial), HUVEC (endothelial), Reh (B-cell), Saos-2 (osteoblast), HUVAC (aortic), or Cardiomyocyte.

Example 32: High-Throughput Screening Assay for T-cell Activity.

The following protocol is used to assess T-cell activity by identifying factors, and determining whether supernate containing a polypeptide of the invention proliferates and/or differentiates T-cells. T-cell activity is assessed using the GAS/SEAP/Neo construct produced in Example 31. Thus, factors that increase SEAP activity indicate the ability to activate the Jaks-STATS signal transduction pathway. The T-cell used in this assay is Jurkat T-cells (~~ATCC~~ATCC™ Accession No. TIB-152), although Molt-3 cells (~~ATCC~~ATCC™ Accession No. CRL-1552) and Molt-4 cells (~~ATCC~~ATCC™ Accession No. CRL-1582) cells can also be used.

Jurkat T-cells are lymphoblastic CD4+ Th1 helper cells. In order to generate stable cell lines, approximately 2 million Jurkat cells are transfected with the GAS-SEAP/neo vector using DMRIE-C (~~Life Technologies~~LIFE TECHNOLOGIES™)(transfection procedure described below). The transfected cells are seeded to a density of approximately 20,000 cells per well and transfectants resistant to 1 mg/ml genticin selected. Resistant colonies are expanded and then tested for their response to increasing concentrations of interferon gamma. The dose response of a selected clone is demonstrated.

Specifically, the following protocol will yield sufficient cells for 75 wells containing 200 ul of cells. Thus, it is either scaled up, or performed in multiple to generate sufficient cells for multiple 96 well plates. Jurkat cells are maintained in RPMI + 10% serum with 1%Pen-Strep. Combine 2.5 mls of ~~OPTI-MEM~~OPTI-MEM™ (~~Life Technologies~~LIFE TECHNOLOGIES™) with 10 ug of plasmid DNA in a T25 flask. Add 2.5 ml ~~OPTI-MEM~~OPTI-MEM™ containing 50 ul of DMRIE-C and incubate at room temperature for 15-45 mins.

During the incubation period, count cell concentration, spin down the required number of cells (10^7 per transfection), and resuspend in ~~OPTI-MEM~~OPTI-MEM™ to a final concentration of 10^7 cells/ml. Then add 1ml of 1 x 10^7 cells in ~~OPTI-MEM~~OPTI-MEM™ to T25 flask and incubate at 37 degree C for 6 hrs. After the incubation, add 10 ml of RPMI + 15% serum.

The Jurkat:GAS-SEAP stable reporter lines are maintained in RPMI + 10% serum, 1 mg/ml Genticin, and 1% Pen-Strep. These cells are treated with supernatants containing polypeptide of the present invention or polypeptide of the present invention induced polypeptides as produced by the protocol described in Example 30.

On the day of treatment with the supernatant, the cells should be washed and resuspended in fresh RPMI + 10% serum to a density of 500,000 cells per ml. The exact number of cells required will depend on the number of supernatants being screened. For one 96 well plate, approximately 10 million cells (for 10 plates, 100 million cells) are required.

Transfer the cells to a triangular reservoir boat, in order to dispense the cells into a 96 well dish, using a 12 channel pipette. Using a 12 channel pipette, transfer 200 ul of cells into each well (therefore adding 100, 000 cells per well).

After all the plates have been seeded, 50 ul of the supernatants are transferred directly from the 96 well plate containing the supernatants into each well using a 12 channel pipette. In addition, a dose of exogenous interferon gamma (0.1, 1.0, 10 ng) is added to wells H9, H10, and H11 to serve as additional positive controls for the assay.

The 96 well dishes containing Jurkat cells treated with supernatants are placed in an incubator for 48 hrs (note: this time is variable between 48-72 hrs). 35 ul samples from each well are then transferred to an opaque 96 well plate using a 12 channel pipette. The opaque plates should be covered (using sellophene covers) and stored at -20 degree C until SEAP assays are performed according to Example 36. The plates containing the remaining treated cells are placed at 4 degree C and serve as a source of material for repeating the assay on a specific well if desired.

As a positive control, 100 Unit/ml interferon gamma can be used which is known to activate Jurkat T cells. Over 30 fold induction is typically observed in the positive control wells.

The above protocol may be used in the generation of both transient, as well as, stable transfected cells, which would be apparent to those of skill in the art.

Example 33: High-Throughput Screening Assay Identifying Myeloid Activity

The following protocol is used to assess myeloid activity of polypeptide of the present invention by determining whether polypeptide of the present invention proliferates and/or differentiates myeloid cells. Myeloid cell activity is assessed using the GAS/SEAP/Neo construct produced in Example 31. Thus, factors that increase SEAP activity indicate the ability to activate the Jaks-STATS signal transduction pathway. The myeloid cell used in this assay is U937, a pre-monocyte cell line, although TF-1, HL60, or KG1 can be used.

To transiently transfect U937 cells with the GAS/SEAP/Neo construct produced in Example 31, a DEAE-Dextran method (Kharbanda et. al., 1994, Cell Growth & Differentiation, 5:259-265) is used. First, harvest $2x10^7$ U937 cells and wash with PBS. The U937 cells are usually grown in RPMI 1640 medium containing 10% heat-inactivated fetal bovine serum (FBS) supplemented with 100 units/ml penicillin and 100 mg/ml streptomycin.

Next, suspend the cells in 1 ml of 20 mM Tris-HCl (pH 7.4) buffer containing 0.5 mg/ml DEAE-Dextran, 8 ug GAS-SEAP2 plasmid DNA, 140 mM NaCl, 5 mM KCl, 375 uM $Na_2HPO_4.7H_2O$, 1 mM $MgCl_2$, and 675 uM $CaCl_2$. Incubate at 37 degrees C for 45 min.

Wash the cells with RPMI 1640 medium containing 10% FBS and then resuspend in 10 ml complete medium and incubate at 37 degree C for 36 hr.

The GAS-SEAP/U937 stable cells are obtained by growing the cells in 400 ug/ml G418. The G418-free medium is used for routine growth but every one to two months, the cells should be re-grown in 400 ug/ml G418 for couple of passages.

These cells are tested by harvesting $1x10^8$ cells (this is enough for ten 96-well plates assay) and wash with PBS. Suspend the cells in 200 ml above described growth medium, with a final density of $5x10^5$ cells/ml. Plate 200 ul cells per well in the 96-well plate (or $1x10^5$ cells/well).

Add 50 ul of the supernatant prepared by the protocol described in Example 30. Incubate at 37 degee C for 48 to 72 hr. As a positive control, 100 Unit/ml interferon gamma can be used which is known to activate U937 cells. Over 30 fold induction is typically observed in the positive control wells. SEAP assay the supernatant according to the protocol described in Example 36.

Example 34: High-Throughput Screening Assay Identifying Neuronal Activity.

When cells undergo differentiation and proliferation, a group of genes are activated through many different signal transduction pathways. One of these genes, EGR1 (early growth response gene 1), is induced in various tissues and cell types upon activation. The promoter of

EGR1 is responsible for such induction. Using the EGR1 promoter linked to reporter molecules, activation of cells can be assessed by polypeptide of the present invention.

Particularly, the following protocol is used to assess neuronal activity in PC12 cell lines. PC12 cells (rat phenochromocytoma cells) are known to proliferate and/or differentiate by activation with a number of mitogens, such as TPA (tetradecanoyl phorbol acetate), NGF (nerve growth factor), and EGF (epidermal growth factor). The EGR1 gene expression is activated during this treatment. Thus, by stably transfecting PC12 cells with a construct containing an EGR promoter linked to SEAP reporter, activation of PC12 cells by polypeptide of the present invention can be assessed.

The EGR/SEAP reporter construct can be assembled by the following protocol. The EGR-1 promoter sequence (-633 to +1)(Sakamoto K et al., Oncogene 6:867-871 (1991)) can be PCR amplified from human genomic DNA using the following primers:

5' GCGCTCGAGGGATGACAGCGATAGAACCCCGG-3' (SEQ ID NO: 6)

5' GCGAAGCTTCGCGACTCCCCGGATCCGCCTC-3' (SEQ ID NO: 7)

Using the GAS:SEAP/Neo vector produced in Example 31, EGR1 amplified product can then be inserted into this vector. Linearize the GAS:SEAP/Neo vector using restriction enzymes XhoI/HindIII, removing the GAS/SV40 stuffer. Restrict the EGR1 amplified product with these same enzymes. Ligate the vector and the EGR1 promoter.

To prepare 96 well-plates for cell culture, two mls of a coating solution (1:30 dilution of collagen type I (Upstate Biotech Inc. Cat#08-115) in 30% ethanol (filter sterilized)) is added per one 10 cm plate or 50 ml per well of the 96-well plate, and allowed to air dry for 2 hr.

PC12 cells are routinely grown in RPMI-1640 medium (Bio Whittaker) containing 10% horse serum (JRH BIOSCIENCES, Cat. # 12449-78P), 5% heat-inactivated fetal bovine serum (FBS) supplemented with 100 units/ml penicillin and 100 ug/ml streptomycin on a precoated 10 cm tissue culture dish. One to four split is done every three to four days. Cells are removed from the plates by scraping and resuspended with pipetting up and down for more than 15 times.

Transfect the EGR/SEAP/Neo construct into PC12 using the Lipofectamine protocol described in Example 30. EGR-SEAP/PC12 stable cells are obtained by growing the cells in 300 ug/ml G418. The G418-free medium is used for routine growth but every one to two months, the cells should be re-grown in 300 ug/ml G418 for couple of passages.

To assay for neuronal activity, a 10 cm plate with cells around 70 to 80% confluent is screened by removing the old medium. Wash the cells once with PBS (Phosphate buffered saline). Then starve the cells in low serum medium (RPMI-1640 containing 1% horse serum and 0.5% FBS with antibiotics) overnight.

The next morning, remove the medium and wash the cells with PBS. Scrape off the cells from the plate, suspend the cells well in 2 ml low serum medium. Count the cell number and add more low serum medium to reach final cell density as $5x10^5$ cells/ml.

Add 200 ul of the cell suspension to each well of 96-well plate (equivalent to $1x10^5$ cells/well). Add 50 ul supernatant produced by Example 30, 37 degree C for 48 to 72 hr. As a positive control, a growth factor known to activate PC12 cells through EGR can be used, such as 50 ng/ul of Neuronal Growth Factor (NGF). Over fifty-fold induction of SEAP is typically seen in the positive control wells. SEAP assay the supernatant according to Example 36.

Example 35: High-Throughput Screening Assay for T-cell Activity

NF-KB (Nuclear Factor KB) is a transcription factor activated by a wide variety of agents including the inflammatory cytokines IL-1 and TNF, CD30 and CD40, lymphotoxin-alpha and lymphotoxin-beta, by exposure to LPS or thrombin, and by expression of certain viral gene products. As a transcription factor, NF-KB regulates the expression of genes involved in immune cell activation, control of apoptosis (NF- KB appears to shield cells from apoptosis), B and T-cell development, anti-viral and antimicrobial responses, and multiple stress responses.

In non-stimulated conditions, NF- KB is retained in the cytoplasm with I-KB (Inhibitor KB). However, upon stimulation, I- KB is phosphorylated and degraded, causing NF- KB to shuttle to the nucleus, thereby activating transcription of target genes. Target genes activated by NF- KB include IL-2, IL-6, GM-CSF, ICAM-1 and class 1 MHC.

Due to its central role and ability to respond to a range of stimuli, reporter constructs utilizing the NF-KB promoter element are used to screen the supernatants produced in Example 30. Activators or inhibitors of NF-KB would be useful in detecting, preventing, diagnosing, prognosticating, treating, and/or ameliorating diseases. For example, inhibitors of NF-KB could be used to treat those diseases related to the acute or chronic activation of NF-KB, such as rheumatoid arthritis.

To construct a vector containing the NF-KB promoter element, a PCR based strategy is employed. The upstream primer contains four tandem copies of the NF-KB binding site (GGGGACTTTCCC) (SEQ ID NO: 8), 18 bp of sequence complementary to the 5' end of the SV40 early promoter sequence, and is flanked with an XhoI site:

5':GCGGCCTCGAGGGGACTTTCCCGGGGACTTTCCGGGGACTTTCCGGGACTTTCCATCCTGCCATCTCAATTAG:3' (SEQ ID NO: 9)

The downstream primer is complementary to the 3' end of the SV40 promoter and is flanked with a Hind III site:

5':GCGGCAAGCTTTTTGCAAAGCCTAGGC:3' (SEQ ID NO: 4)

PCR amplification is performed using the SV40 promoter template present in the pB-gal:promoter plasmid obtained from ~~Clontech~~CLONTECH™. The resulting PCR fragment is digested with XhoI and Hind III and subcloned into BLSK2-. (~~Stratagene~~STRATAGENE™) Sequencing with the T7 and T3 primers confirms the insert contains the following sequence:

5':CTCGAGGGGACTTTCCCGGGGACTTTCCGGGGACTTTCCGGGACTTTCCATC
TGCCATCTCAATTAGTCAGCAACCATAGTCCCGCCCCTAACTCCGCCCATCCCGCCCCT
AACTCCGCCCAGTTCCGCCCATTCTCCGCCCCATGGCTGACTAATTTTTTTTATTTATG
CAGAGGCCGAGGCCGCCTCGGCCTCTGAGCTATTCCAGAAGTAGTGAGGAGGCTTTTT
TGGAGGCCTAGGCTTTTGCAAAAAGCTT:3' (SEQ ID NO: 10)

Next, replace the SV40 minimal promoter element present in the pSEAP2-promoter plasmid (~~Clontech~~CLONTECH™) with this NF-KB/SV40 fragment using XhoI and HindIII. However, this vector does not contain a neomycin resistance gene, and therefore, is not preferred for mammalian expression systems.

In order to generate stable mammalian cell lines, the NF-KB/SV40/SEAP cassette is removed from the above NF-KB/SEAP vector using restriction enzymes SalI and NotI, and inserted into a vector containing neomycin resistance. Particularly, the NF-KB/SV40/SEAP cassette was inserted into pGFP-1 (~~Clontech~~CLONTECH™), replacing the GFP gene, after restricting pGFP-1 with SalI and NotI.

Once NF-KB/SV40/SEAP/Neo vector is created, stable Jurkat T-cells are created and maintained according to the protocol described in Example 32. Similarly, the method for assaying supernatants with these stable Jurkat T-cells is also described in Example 32. As a positive control, exogenous TNF alpha (0.1,1, 10 ng) is added to wells H9, H10, and H11, with a 5-10 fold activation typically observed.

Example 36: Assay for SEAP Activity

As a reporter molecule for the assays described in Examples 32-35, SEAP activity is assayed using the Tropix Phospho-light Kit (Cat. BP-400) according to the following general procedure. The Tropix Phospho-light Kit supplies the Dilution, Assay, and Reaction Buffers used below.

Prime a dispenser with the 2.5x Dilution Buffer and dispense 15 ul of 2.5x dilution buffer into Optiplates containing 35 ul of a supernatant. Seal the plates with a plastic sealer and incubate at 65 degree C for 30 min. Separate the Optiplates to avoid uneven heating.

Cool the samples to room temperature for 15 minutes. Empty the dispenser and prime with the Assay Buffer. Add 50 ml Assay Buffer and incubate at room temperature 5 min. Empty the dispenser and prime with the Reaction Buffer (see the Table below). Add 50 ul Reaction Buffer and incubate at room temperature for 20 minutes. Since the intensity of the chemiluminescent signal is time dependent, and it takes about 10 minutes to read 5 plates on a luminometer, thus one should treat 5 plates at each time and start the second set 10 minutes later.

Read the relative light unit in the luminometer. Set H12 as blank, and print the results. An increase in chemiluminescence indicates reporter activity.

Reaction Buffer Formulation:

# of plates	Rxn buffer diluent (ml)	CSPD (ml)
10	60	3
11	65	3.25
12	70	3.5
13	75	3.75
14	80	4
15	85	4.25
16	90	4.5
17	95	4.75
18	100	5
19	105	5.25
20	110	5.5
21	115	5.75
22	120	6
23	125	6.25
24	130	6.5
25	135	6.75
26	140	7
27	145	7.25
28	150	7.5
29	155	7.75
30	160	8
31	165	8.25
32	170	8.5
33	175	8.75
34	180	9
35	185	9.25
36	190	9.5
37	195	9.75
38	200	10
39	205	10.25
40	210	10.5
41	215	10.75
42	220	11
43	225	11.25
44	230	11.5
45	235	11.75
46	240	12

47	245	12.25
48	250	12.5
49	255	12.75
50	260	13

Example 37: High-Throughput Screening Assay Identifying Changes in Small Molecule Concentration and Membrane Permeability

Binding of a ligand to a receptor is known to alter intracellular levels of small molecules, such as calcium, potassium, sodium, and pH, as well as alter membrane potential. These alterations can be measured in an assay to identify supernatants which bind to receptors of a particular cell. Although the following protocol describes an assay for calcium, this protocol can easily be modified to detect changes in potassium, sodium, pH, membrane potential, or any other small molecule which is detectable by a fluorescent probe.

The following assay uses Fluorometric Imaging Plate Reader ("FLIPR") to measure changes in fluorescent molecules (Molecular Probes) that bind small molecules. Clearly, any fluorescent molecule detecting a small molecule can be used instead of the calcium fluorescent molecule, fluo-4 (Molecular Probes, Inc.; catalog no. F-14202), used here.

For adherent cells, seed the cells at 10,000 -20,000 cells/well in a Co-star black 96-well plate with clear bottom. The plate is incubated in a CO_2 incubator for 20 hours. The adherent cells are washed two times in Biotek washer with 200 ul of HBSS (Hank's Balanced Salt Solution) leaving 100 ul of buffer after the final wash.

A stock solution of 1 mg/ml fluo-4 is made in 10% pluronic acid DMSO. To load the cells with fluo-4, 50 ul of 12 ug/ml fluo-4 is added to each well. The plate is incubated at 37 degrees C in a CO_2 incubator for 60 min. The plate is washed four times in the Biotek washer with HBSS leaving 100 ul of buffer.

For non-adherent cells, the cells are spun down from culture media. Cells are re-suspended to 2-5x10^6 cells/ml with HBSS in a 50-ml conical tube. 4 ul of 1 mg/ml fluo-4 solution in 10% pluronic acid DMSO is added to each ml of cell suspension. The tube is then placed in a 37 degrees C water bath for 30-60 min. The cells are washed twice with HBSS, resuspended to 1x10^6 cells/ml, and dispensed into a microplate, 100 ul/well. The plate is centrifuged at 1000 rpm for 5 min. The plate is then washed once in Denley Cell Wash with 200 ul, followed by an aspiration step to 100 ul final volume.

For a non-cell based assay, each well contains a fluorescent molecule, such as fluo-4 . The supernatant is added to the well, and a change in fluorescence is detected.

To measure the fluorescence of intracellular calcium, the FLIPR is set for the following parameters: (1) System gain is 300-800 mW; (2) Exposure time is 0.4 second; (3) Camera F/stop is F/2; (4) Excitation is 488 nm; (5) Emission is 530 nm; and (6) Sample addition is 50 ul. Increased emission at 530 nm indicates an extracellular signaling event caused by the a molecule, either polypeptide of the present invention or a molecule induced by polypeptide of the present invention, which has resulted in an increase in the intracellular Ca^{++} concentration.

Example 38: High-Throughput Screening Assay Identifying Tyrosine Kinase Activity

The Protein Tyrosine Kinases (PTK) represent a diverse group of transmembrane and cytoplasmic kinases. Within the Receptor Protein Tyrosine Kinase RPTK) group are receptors for a range of mitogenic and metabolic growth factors including the PDGF, FGF, EGF, NGF, HGF and Insulin receptor subfamilies. In addition there are a large family of RPTKs for which the corresponding ligand is unknown. Ligands for RPTKs include mainly secreted small proteins, but also membrane-bound and extracellular matrix proteins.

Activation of RPTK by ligands involves ligand-mediated receptor dimerization, resulting in transphosphorylation of the receptor subunits and activation of the cytoplasmic tyrosine kinases. The cytoplasmic tyrosine kinases include receptor associated tyrosine kinases of the src-family (e.g., src, yes, lck, lyn, fyn) and non-receptor linked and cytosolic protein tyrosine kinases, such as the Jak family, members of which mediate signal transduction triggered by the cytokine superfamily of receptors (e.g., the Interleukins, Interferons, GM-CSF, and Leptin).

Because of the wide range of known factors capable of stimulating tyrosine kinase activity, identifying whether polypeptide of the present invention or a molecule induced by polypeptide of the present invention is capable of activating tyrosine kinase signal transduction pathways is of interest. Therefore, the following protocol is designed to identify such molecules capable of activating the tyrosine kinase signal transduction pathways.

Seed target cells (e.g., primary keratinocytes) at a density of approximately 25,000 cells per well in a 96 well ~~Loprodyne~~LOPRODYNE™ Silent Screen Plates purchased from Nalge Nunc (Naperville, IL). The plates are sterilized with two 30 minute rinses with 100% ethanol, rinsed with water and dried overnight. Some plates are coated for 2 hr with 100 ml of cell culture grade type I collagen (50 mg/ml), gelatin (2%) or polylysine (50 mg/ml), all of which can be purchased from ~~Sigma~~SIGMA™ Chemicals (St. Louis, MO) or 10% ~~Matrigel~~MATRIGEL™ purchased from Becton Dickinson (Bedford,MA), or calf serum, rinsed with PBS and stored at 4 degree C. Cell growth on these plates is assayed by seeding 5,000 cells/well in growth medium and indirect quantitation of cell number through use of ~~alamarBlue~~ALAMAR BLUE™ as described by the

manufacturer Alamar Biosciences, Inc. (Sacramento, CA) after 48 hr. Falcon plate covers #3071 from Becton Dickinson (Bedford,MA) are used to cover the ~~Loprodyne~~LOPRODYNE™ Silent Screen Plates. Falcon Microtest III cell culture plates can also be used in some proliferation experiments.

To prepare extracts, A431 cells are seeded onto the nylon membranes of ~~Loprodyne~~LOPRODYNE™ plates (20,000/200ml/well) and cultured overnight in complete medium. Cells are quiesced by incubation in serum-free basal medium for 24 hr. After 5-20 minutes treatment with EGF (60ng/ml) or 50 ul of the supernatant produced in Example 30, the medium was removed and 100 ml of extraction buffer ((20 mM HEPES pH 7.5, 0.15 M NaCl, 1% Triton X-100, 0.1% SDS, 2 mM Na3VO4, 2 mM Na4P2O7 and a cocktail of protease inhibitors (# 1836170) obtained from Boeheringer Mannheim (Indianapolis, IN)) is added to each well and the plate is shaken on a rotating shaker for 5 minutes at 4°C. The plate is then placed in a vacuum transfer manifold and the extract filtered through the 0.45 mm membrane bottoms of each well using house vacuum. Extracts are collected in a 96-well catch/assay plate in the bottom of the vacuum manifold and immediately placed on ice. To obtain extracts clarified by centrifugation, the content of each well, after detergent solubilization for 5 minutes, is removed and centrifuged for 15 minutes at 4 degree C at 16,000 x g.

Test the filtered extracts for levels of tyrosine kinase activity. Although many methods of detecting tyrosine kinase activity are known, one method is described here.

Generally, the tyrosine kinase activity of a supernatant is evaluated by determining its ability to phosphorylate a tyrosine residue on a specific substrate (a biotinylated peptide). Biotinylated peptides that can be used for this purpose include PSK1 (corresponding to amino acids 6-20 of the cell division kinase cdc2-p34) and PSK2 (corresponding to amino acids 1-17 of gastrin). Both peptides are substrates for a range of tyrosine kinases and are available from ~~Boehringer~~BOEHRINGER™ Mannheim.

The tyrosine kinase reaction is set up by adding the following components in order. First, add 10ul of 5uM Biotinylated Peptide, then 10ul ATP/Mg_{2+} (5mM ATP/50mM $MgCl_2$), then 10ul of 5x Assay Buffer (40mM imidazole hydrochloride, pH7.3, 40 mM beta-glycerophosphate, 1mM EGTA, 100mM $MgCl_2$, 5 mM $MnCl_2$, 0.5 mg/ml BSA), then 5ul of Sodium Vanadate(1mM), and then 5ul of water. Mix the components gently and preincubate the reaction mix at 30 degree C for 2 min. Initial the reaction by adding 10ul of the control enzyme or the filtered supernatant.

The tyrosine kinase assay reaction is then terminated by adding 10 ul of 120mm EDTA and place the reactions on ice.

Tyrosine kinase activity is determined by transferring 50 ul aliquot of reaction mixture to a microtiter plate (MTP) module and incubating at 37 degree C for 20 min. This allows the streptavidin coated 96 well plate to associate with the biotinylated peptide. Wash the MTP module with 300ul/well of PBS four times. Next add 75 ul of anti-phospotyrosine antibody conjugated to horse radish peroxidase(anti-P-Tyr-POD(0.5u/ml)) to each well and incubate at 37 degree C for one hour. Wash the well as above.

Next add 100ul of peroxidase substrate solution (~~Boehringer~~BOEHRINGER™ Mannheim) and incubate at room temperature for at least 5 mins (up to 30 min). Measure the absorbance of the sample at 405 nm by using ELISA reader. The level of bound peroxidase activity is quantitated using an ELISA reader and reflects the level of tyrosine kinase activity.

Example 39: High-Throughput Screening Assay Identifying Phosphorylation Activity

As a potential alternative and/or complement to the assay of protein tyrosine kinase activity described in Example 38, an assay which detects activation (phosphorylation) of major intracellular signal transduction intermediates can also be used. For example, as described below one particular assay can detect tyrosine phosphorylation of the Erk-1 and Erk-2 kinases. However, phosphorylation of other molecules, such as Raf, JNK, p38 MAP, Map kinase kinase (MEK), MEK kinase, Src, Muscle specific kinase (MuSK), IRAK, Tec, and Janus, as well as any other phosphoserine, phosphotyrosine, or phosphothreonine molecule, can be detected by substituting these molecules for Erk-1 or Erk-2 in the following assay.

Specifically, assay plates are made by coating the wells of a 96-well ELISA plate with 0.1ml of protein G (1ug/ml) for 2 hr at room temp, (RT). The plates are then rinsed with PBS and blocked with 3% BSA/PBS for 1 hr at RT. The protein G plates are then treated with 2 commercial monoclonal antibodies (100ng/well) against Erk-1 and Erk-2 (1 hr at RT) (Santa Cruz Biotechnology). (To detect other molecules, this step can easily be modified by substituting a monoclonal antibody detecting any of the above described molecules.) After 3-5 rinses with PBS, the plates are stored at 4 degree C until use.

A431 cells are seeded at 20,000/well in a 96-well ~~Leprodyne~~LOPRODYNE™ filterplate and cultured overnight in growth medium. The cells are then starved for 48 hr in basal medium (DMEM) and then treated with EGF (6ng/well) or 50 ul of the supernatants obtained in Example 30 for 5-20 minutes. The cells are then solubilized and extracts filtered directly into the assay plate.

After incubation with the extract for 1 hr at RT, the wells are again rinsed. As a positive control, a commercial preparation of MAP kinase (10ng/well) is used in place of A431 extract.

Plates are then treated with a commercial polyclonal (rabbit) antibody (1ug/ml) which specifically recognizes the phosphorylated epitope of the Erk-1 and Erk-2 kinases (1 hr at RT). This antibody is biotinylated by standard procedures. The bound polyclonal antibody is then quantitated by successive incubations with Europium-streptavidin and Europium fluorescence enhancing reagent in the Wallac DELFIA instrument (time-resolved fluorescence). An increased fluorescent signal over background indicates a phosphorylation by polypeptide of the present invention or a molecule induced by polypeptide of the present invention.

Example 40: Assay for the Stimulation of Bone Marrow CD34+ Cell Proliferation

This assay is based on the ability of human CD34+ to proliferate in the presence of hematopoietic growth factors and evaluates the ability of isolated polypeptides expressed in mammalian cells to stimulate proliferation of CD34+ cells.

It has been previously shown that most mature precursors will respond to only a single signal. More immature precursors require at least two signals to respond. Therefore, to test the effect of polypeptides on hematopoietic activity of a wide range of progenitor cells, the assay contains a given polypeptide in the presence or absence of other hematopoietic growth factors. Isolated cells are cultured for 5 days in the presence of Stem Cell Factor (SCF) in combination with tested sample. SCF alone has a very limited effect on the proliferation of bone marrow (BM) cells, acting in such conditions only as a "survival" factor. However, combined with any factor exhibiting stimulatory effect on these cells (e.g., IL-3), SCF will cause a synergistic effect. Therefore, if the tested polypeptide has a stimulatory effect on hematopoietic progenitors, such activity can be easily detected. Since normal BM cells have a low level of cycling cells, it is likely that any inhibitory effect of a given polypeptide, or agonists or antagonists thereof, might not be detected. Accordingly, assays for an inhibitory effect on progenitors is preferably tested in cells that are first subjected to *in vitro* stimulation with SCF+IL+3, and then contacted with the compound that is being evaluated for inhibition of such induced proliferation.

Briefly, CD34+ cells are isolated using methods known in the art. The cells are thawed and resuspended in medium (QBSF 60 serum-free medium with 1% L-glutamine (500ml) Quality Biological, Inc., Gaithersburg, MD Cat# 160-204-101). After several gentle centrifugation steps at 200 x g, cells are allowed to rest for one hour. The cell count is adjusted to 2.5 x 10^5 cells/ml. During this time, 100 µl of sterile water is added to the peripheral wells of a 96-well plate. The cytokines that can be tested with a given polypeptide in this assay is rhSCF (R&D Systems, Minneapolis, MN, Cat# 255-SC) at 50 ng/ml alone and in combination with rhSCF and rhIL-3 (R&D Systems, Minneapolis, MN, Cat# 203-ML) at 30 ng/ml. After one hour, 10 µl of prepared

cytokines, 50 µl of the supernatants prepared in Example 30 (supernatants at 1:2 dilution = 50 µl) and 20 µl of diluted cells are added to the media which is already present in the wells to allow for a final total volume of 100 µl. The plates are then placed in a 37°C/5% CO_2 incubator for five days.

Eighteen hours before the assay is harvested, 0.5 µCi/well of [3H] Thymidine is added in a 10 µl volume to each well to determine the proliferation rate. The experiment is terminated by harvesting the cells from each 96-well plate to a filtermat using the Tomtec Harvester 96. After harvesting, the filtermats are dried, trimmed and placed into ~~OmniFilter~~OMNIFILTER™ assemblies consisting of one ~~OmniFilter~~OMNIFILTER™ plate and one ~~OmniFilter~~OMNIFILTER™ Tray. 60 µl ~~Microscint~~MICROSCINT™ is added to each well and the plate sealed with TopSeal-A press-on sealing film A bar code 15 sticker is affixed to the first plate for counting. The sealed plates are then loaded and the level of radioactivity determined via the Packard Top Count and the printed data collected for analysis. The level of radioactivity reflects the amount of cell proliferation.

The studies described in this example test the activity of a given polypeptide to stimulate bone marrow CD34+ cell proliferation. One skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides (e.g., gene therapy), antibodies, agonists, and/or antagonists and fragments and variants thereof. As a nonlimiting example, potential antagonists tested in this assay would be expected to inhibit cell proliferation in the presence of cytokines and/or to increase the inhibition of cell proliferation in the presence of cytokines and a given polypeptide. In contrast, potential agonists tested in this assay would be expected to enhance cell proliferation and/or to decrease the inhibition of cell proliferation in the presence of cytokines and a given polypeptide.

The ability of a gene to stimulate the proliferation of bone marrow CD34+ cells indicates that polynucleotides and polypeptides corresponding to the gene are useful for the detection, prevention, diagnosis, prognostication, treatment, and/or amelioration of disorders affecting the immune system and hematopoiesis. Representative uses are described in the "Immune Activity" and "Infectious Disease" sections above, and elsewhere herein.

Example 41: Assay for Extracellular Matrix Enhanced Cell Response (EMECR)

The objective of the Extracellular Matrix Enhanced Cell Response (EMECR) assay is to identify gene products (e.g., isolated polypeptides) that act on the hematopoietic stem cells in the context of the extracellular matrix (ECM) induced signal.

Cells respond to the regulatory factors in the context of signal(s) received from the surrounding microenvironment. For example, fibroblasts, and endothelial and epithelial stem cells

fail to replicate in the absence of signals from the ECM. Hematopoietic stem cells can undergo self-renewal in the bone marrow, but not in *in vitro* suspension culture. The ability of stem cells to undergo self-renewal *in vitro* is dependent upon their interaction with the stromal cells and the ECM protein fibronectin (fn). Adhesion of cells to fn is mediated by the $\alpha_5.\beta_1$ and $\alpha_4.\beta_1$ integrin receptors, which are expressed by human and mouse hematopoietic stem cells. The factor(s) which integrate with the ECM environment and are responsible for stimulating stem cell self-renewal havea not yet been identified. Discovery of such factors should be of great interest in gene therapy and bone marrow transplant applications

Briefly, polystyrene, non tissue culture treated, 96-well plates are coated with fn fragment at a coating concentration of 0.2 μg/ cm^2. Mouse bone marrow cells are plated (1,000 cells/well) in 0.2 ml of serum-free medium. Cells cultured in the presence of IL-3 (5 ng/ml) + SCF (50 ng/ml) would serve as the positive control, conditions under which little self-renewal but pronounced differentiation of the stem cells is to be expected. Gene products of the invention (e.g., including, but not limited to, polynucleotides and polypeptides of the present invention, and supernatants produced in Example 30), are tested with appropriate negative controls in the presence and absence of SCF(5.0 ng/ml), where test factor supernatants represent 10% of the total assay volume. The plated cells are then allowed to grow by incubating in a low oxygen environment (5% CO_2, 7% O_2, and 88% N_2) tissue culture incubator for 7 days. The number of proliferating cells within the wells is then quantitated by measuring thymidine incorporation into cellular DNA. Verification of the positive hits in the assay will require phenotypic characterization of the cells, which can be accomplished by scaling up of the culture system and using appropriate antibody reagents against cell surface antigens and FACScan.

One skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides (e.g., gene therapy), antibodies, agonists, and/or antagonists and fragments and variants thereof.

If a particular polypeptide of the present invention is found to be a stimulator of hematopoietic progenitors, polynucleotides and polypeptides corresponding to the gene encoding said polypeptide may be useful for the detection, prevention, diagnosis, prognostication, treatment, and/or amelioration of disorders affecting the immune system and hematopoiesis. Representative uses are described in the "Immune Activity" and "Infectious Disease" sections above, and elsewhere herein. The gene product may also be useful in the expansion of stem cells and committed progenitors of various blood lineages, and in the differentiation and/or proliferation of various cell types.

Additionally, the polynucleotides and/or polypeptides of the gene of interest and/or agonists and/or antagonists thereof, may also be employed to inhibit the proliferation and

differentiation of hematopoietic cells and therefore may be employed to protect bone marrow stem cells from chemotherapeutic agents during chemotherapy. This antiproliferative effect may allow administration of higher doses of chemotherapeutic agents and, therefore, more effective chemotherapeutic treatment.

Moreover, polynucleotides and polypeptides corresponding to the gene of interest may also be useful for the detection, prevention, diagnosis, prognostication, treat, and/or amelioration of hematopoietic related disorders such as, for example, anemia, pancytopenia, leukopenia, thrombocytopenia or leukemia since stromal cells are important in the production of cells of hematopoietic lineages. The uses include bone marrow cell ex-vivo culture, bone marrow transplantation, bone marrow reconstitution, radiotherapy or chemotherapy of neoplasia.

Example 42: Human Dermal Fibroblast and Aortic Smooth Muscle Cell Proliferation

The polypeptide of interest is added to cultures of normal human dermal fibroblasts (NHDF) and human aortic smooth muscle cells (AoSMC) and two co-assays are performed with each sample. The first assay examines the effect of the polypeptide of interest on the proliferation of normal human dermal fibroblasts (NHDF) or aortic smooth muscle cells (AoSMC). Aberrant growth of fibroblasts or smooth muscle cells is a part of several pathological processes, including fibrosis, and restenosis. The second assay examines IL6 production by both NHDF and SMC. IL6 production is an indication of functional activation. Activated cells will have increased production of a number of cytokines and other factors, which can result in a proinflammatory or immunomodulatory outcome. Assays are run with and without co-TNFa stimulation, in order to check for costimulatory or inhibitory activity.

Briefly, on day 1, 96-well black plates are set up with 1000 cells/well (NHDF) or 2000 cells/well (AoSMC) in 100 µl culture media. NHDF culture media contains: Clonetics FB basal media, 1mg/ml hFGF, 5mg/ml insulin, 50mg/ml gentamycin, 2%FBS, while AoSMC culture media contains Clonetics SM basal media, 0.5 µg/ml hEGF, 5mg/ml insulin, 1µg/ml hFGF, 50mg/ml gentamycin, 50 µg/ml Amphotericin B, 5%FBS. After incubation at 37°C for at least 4-5 hours culture media is aspirated and replaced with growth arrest media. Growth arrest media for NHDF contains fibroblast basal media, 50mg/ml gentamycin, 2% FBS, while growth arrest media for AoSMC contains SM basal media, 50mg/ml gentamycin, 50µg/ml Amphotericin B, 0.4% FBS. Incubate at 37 °C until day 2.

On day 2, serial dilutions and templates of the polypeptide of interest are designed such that they always include media controls and known-protein controls. For both stimulation and inhibition experiments, proteins are diluted in growth arrest media. For inhibition experiments,

TNFa is added to a final concentration of 2ng/ml (NHDF) or 5ng/ml (AoSMC). Add 1/3 vol media containing controls or polypeptides of the present invention and incubate at 37 degrees C/5% CO_2 until day 5.

Transfer 60µl from each well to another labeled 96-well plate, cover with a plate-sealer, and store at 4 degrees C until Day 6 (for IL6 ELISA). To the remaining 100 µl in the cell culture plate, aseptically add ~~Alamar Blue~~ALAMAR BLUE™ in an amount equal to 10% of the culture volume (10µl). Return plates to incubator for 3 to 4 hours. Then measure fluorescence with excitation at 530nm and emission at 590nm using the ~~CytoFluor~~CYTOFLUOR™. This yields the growth stimulation/inhibition data.

On day 5, the IL6 ELISA is performed by coating a 96 well plate with 50-100 ul/well of Anti-Human IL6 Monoclonal antibody diluted in PBS, pH 7.4, incubate ON at room temperature.

On day 6, empty the plates into the sink and blot on paper towels. Prepare Assay Buffer containing PBS with 4% BSA. Block the plates with 200 µl/well of Pierce Super Block blocking buffer in PBS for 1-2 hr and then wash plates with wash buffer (PBS, 0.05% Tween-20). Blot plates on paper towels. Then add 50 µl/well of diluted Anti-Human IL-6 Monoclonal, Biotin-labeled antibody at 0.50 mg/ml. Make dilutions of IL-6 stock in media (30, 10, 3, 1, 0.3, 0 ng/ml). Add duplicate samples to top row of plate. Cover the plates and incubate for 2 hours at RT on shaker.

Plates are washed with wash buffer and blotted on paper towels. Dilute EU-labeled Streptavidin 1:1000 in Assay buffer, and add 100 µl/well. Cover the plate and incubate 1 h at RT. Plates are again washed with wash buffer and blotted on paper towels.

Add 100 µl/well of Enhancement Solution. Shake for 5 minutes. Read the plate on the Wallac DELFIA Fluorometer. Readings from triplicate samples in each assay were tabulated and averaged.

A positive result in this assay suggests AoSMC cell proliferation and that the polypeptide of the present invention may be involved in dermal fibroblast proliferation and/or smooth muscle cell proliferation. A positive result also suggests many potential uses of polypeptides, polynucleotides, agonists and/or antagonists of the polynucleotide/polypeptide of the present invention which gives a positive result. For example, inflammation and immune responses, wound healing, and angiogenesis, as detailed throughout this specification. Particularly, polypeptides of the present invention and polynucleotides of the present invention may be used in wound healing and dermal regeneration, as well as the promotion of vasculogenesis, both of the blood vessels and lymphatics. The growth of vessels can be used in the treatment of, for example, cardiovascular diseases. Additionally, antagonists of polypeptides and polynucleotides of the invention may be useful in treating diseases, disorders, and/or conditions which involve angiogenesis by acting as an

anti-vascular agent (e.g., anti-angiogenesis). These diseases, disorders, and/or conditions are known in the art and/or are described herein, such as, for example, malignancies, solid tumors, benign tumors, for example hemangiomas, acoustic neuromas, neurofibromas, trachomas, and pyogenic granulomas; artheroscleric plaques; ocular angiogenic diseases, for example, diabetic retinopathy, retinopathy of prematurity, macular degeneration, corneal graft rejection, neovascular glaucoma, retrolental fibroplasia, rubeosis, retinoblastoma, uvietis and Pterygia (abnormal blood vessel growth) of the eye; rheumatoid arthritis; psoriasis; delayed wound healing; endometriosis; vasculogenesis; granulations; hypertrophic scars (keloids); nonunion fractures; scleroderma; trachoma; vascular adhesions; myocardial angiogenesis; coronary collaterals; cerebral collaterals; arteriovenous malformations; ischemic limb angiogenesis; Osler-Webber Syndrome; plaque neovascularization; telangiectasia; hemophiliac joints; angiofibroma; fibromuscular dysplasia; wound granulation; Crohn's disease; and atherosclerosis. Moreover, antagonists of polypeptides and polynucleotides of the invention may be useful in treating anti-hyperproliferative diseases and/or anti-inflammatory known in the art and/or described herein.

One skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides (e.g., gene therapy), antibodies, agonists, and/or antagonists and fragments and variants thereof.

Example 43: Cellular Adhesion Molecule (CAM) Expression on Endothelial Cells

The recruitment of lymphocytes to areas of inflammation and angiogenesis involves specific receptor-ligand interactions between cell surface adhesion molecules (CAMs) on lymphocytes and the vascular endothelium. The adhesion process, in both normal and pathological settings, follows a multi-step cascade that involves intercellular adhesion molecule-1 (ICAM-1), vascular cell adhesion molecule-1 (VCAM-1), and endothelial leukocyte adhesion molecule-1 (E-selectin) expression on endothelial cells (EC). The expression of these molecules and others on the vascular endothelium determines the efficiency with which leukocytes may adhere to the local vasculature and extravasate into the local tissue during the development of an inflammatory response. The local concentration of cytokines and growth factor participate in the modulation of the expression of these CAMs.

Briefly, endothelial cells (e.g., Human Umbilical Vein Endothelial cells (HUVECs)) are grown in a standard 96 well plate to confluence, growth medium is removed from the cells and replaced with 100 µl of 199 Medium (10% fetal bovine serum (FBS)). Samples for testing and positive or negative controls are added to the plate in triplicate (in 10 µl volumes). Plates are then

incubated at 37°C for either 5 h (selectin and integrin expression) or 24 h (integrin expression only). Plates are aspirated to remove medium and 100 µl of 0.1% paraformaldehyde-PBS(with Ca++ and Mg++) is added to each well. Plates are held at 4°C for 30 min. Fixative is removed from the wells and wells are washed 1X with PBS(+Ca,Mg) + 0.5% BSA and drained. 10 µl of diluted primary antibody is added to the test and control wells. Anti-ICAM-1-Biotin, Anti-VCAM-1-Biotin and Anti-E-selectin-Biotin are used at a concentration of 10 µg/ml (1:10 dilution of 0.1 mg/ml stock antibody). Cells are incubated at 37°C for 30 min. in a humidified environment. Wells are washed three times with PBS(+Ca,Mg) + 0.5% BSA. 20 µl of diluted ~~ExtrAvidin~~EXTRAVIDIN™-Alkaline Phosphatase (1:5,000 dilution, referred to herein as the working dilution) are added to each well and incubated at 37°C for 30 min. Wells are washed three times with PBS(+Ca,Mg)+0.5% BSA. Dissolve 1 tablet of p-Nitrophenol Phosphate pNPP per 5 ml of glycine buffer (pH 10.4). 100 µl of pNPP substrate in glycine buffer is added to each test well. Standard wells in triplicate are prepared from the working dilution of the ~~ExtrAvidin~~EXTRAVIDIN™-Alkaline Phosphotase in glycine buffer: 1:5,000 (10^0) > $10^{-0.5}$ > 10^{-1} > $10^{-1.5}$. 5 µl of each dilution is added to triplicate wells and the resulting AP content in each well is 5.50 ng, 1.74 ng, 0.55 ng, 0.18 ng. 100 µl of pNNP reagent is then added to each of the standard wells. The plate is incubated at 37°C for 4h. A volume of 50 µl of 3M NaOH is added to all wells. The plate is read on a plate reader at 405 nm using the background subtraction option on blank wells filled with glycine buffer only. Additionally, the template is set up to indicate the concentration of AP-conjugate in each standard well [5.50 ng; 1.74 ng; 0.55 ng; 0.18 ng]. Results are indicated as amount of bound AP-conjugate in each sample.

Example 44: ~~Alamar Blue~~ALAMAR BLUE™ Endothelial Cells Proliferation Assay

This assay may be used to quantitatively determine protein mediated inhibition of bFGF-induced proliferation of Bovine Lymphatic Endothelial Cells (LECs), Bovine Aortic Endothelial Cells (BAECs) or Human Microvascular Uterine Myometrial Cells (UTMECs). This assay incorporates a fluorometric growth indicator based on detection of metabolic activity. A standard ~~Alamar Blue~~ALAMAR BLUE™ Proliferation Assay is prepared in EGM-2MV with 10 ng /ml of bFGF added as a source of endothelial cell stimulation. This assay may be used with a variety of endothelial cells with slight changes in growth medium and cell concentration. Dilutions of the protein batches to be tested are diluted as appropriate. Serum-free medium (GIBCO SFM) without bFGF is used as a non-stimulated control and Angiostatin or TSP-1 are included as a known inhibitory controls.

Briefly, LEC, BAECs or UTMECs are seeded in growth media at a density of 5000 to 2000 cells/well in a 96 well plate and placed at 37 degreesC overnight. After the overnight incubation of the cells, the growth media is removed and replaced with GIBCO EC-SFM. The cells are treated with the appropriate dilutions of the protein of interest or control protein sample(s) (prepared in SFM) in triplicate wells with additional bFGF to a concentration of 10 ng/ ml. Once the cells have been treated with the samples, the plate(s) is/are placed back in the 37° C incubator for three days. After three days 10 ml of stock ~~alamar blue~~ALAMAR BLUE™ (Biosource Cat# DAL1100) is added to each well and the plate(s) is/are placed back in the 37°C incubator for four hours. The plate(s) are then read at 530nm excitation and 590nm emission using the ~~CytoFluor~~CYTOFLUOR™ fluorescence reader. Direct output is recorded in relative fluorescence units.

~~Alamar blue~~ALAMAR BLUE™ is an oxidation-reduction indicator that both fluoresces and changes color in response to chemical reduction of growth medium resulting from cell growth. As cells grow in culture, innate metabolic activity results in a chemical reduction of the immediate surrounding environment. Reduction related to growth causes the indicator to change from oxidized (non-fluorescent blue) form to reduced (fluorescent red) form (i.e., stimulated proliferation will produce a stronger signal and inhibited proliferation will produce a weaker signal and the total signal is proportional to the total number of cells as well as their metabolic activity). The background level of activity is observed with the starvation medium alone. This is compared to the output observed from the positive control samples (bFGF in growth medium) and protein dilutions.

Example 45: Detection of Inhibition of a Mixed Lymphocyte Reaction

This assay can be used to detect and evaluate inhibition of a Mixed Lymphocyte Reaction (MLR) by gene products (e.g., isolated polypeptides). Inhibition of a MLR may be due to a direct effect on cell proliferation and viability, modulation of costimulatory molecules on interacting cells, modulation of adhesiveness between lymphocytes and accessory cells, or modulation of cytokine production by accessory cells. Multiple cells may be targeted by these polypeptides since the peripheral blood mononuclear fraction used in this assay includes T, B and natural killer lymphocytes, as well as monocytes and dendritic cells.

Polypeptides of interest found to inhibit the MLR may find application in diseases associated with lymphocyte and monocyte activation or proliferation. These include, but are not limited to, diseases such as asthma, arthritis, diabetes, inflammatory skin conditions, psoriasis, eczema, systemic lupus erythematosus, multiple sclerosis, glomerulonephritis, inflammatory bowel

disease, crohn's disease, ulcerative colitis, arteriosclerosis, cirrhosis, graft vs. host disease, host vs. graft disease, hepatitis, leukemia and lymphoma.

Briefly, PBMCs from human donors are purified by density gradient centrifugation using Lymphocyte Separation Medium (LSM®, density 1.0770 g/ml, Organon Teknika Corporation, West Chester, PA). PBMCs from two donors are adjusted to 2 x 10^6 cells/ml in RPMI-1640 (LIFE TECHNOLOGIES™ ~~Life Technologies~~, Grand Island, NY) supplemented with 10% FCS and 2 mM glutamine. PBMCs from a third donor is adjusted to 2 x 10^5 cells/ml. Fifty microliters of PBMCs from each donor is added to wells of a 96-well round bottom microtiter plate. Dilutions of test materials (50 µl) is added in triplicate to microtiter wells. Test samples (of the protein of interest) are added for final dilution of 1:4; rhuIL-2 (R&D Systems, Minneapolis, MN, catalog number 202-IL) is added to a final concentration of 1 µg/ml; anti-CD4 mAb (R&D Systems, clone 34930.11, catalog number MAB379) is added to a final concentration of 10 µg/ml. Cells are cultured for 7-8 days at 37°C in 5% CO_2, and 1 µC of [^{3}H] thymidine is added to wells for the last 16 hrs of culture. Cells are harvested and thymidine incorporation determined using a Packard TopCount. Data is expressed as the mean and standard deviation of triplicate determinations.

Samples of the protein of interest are screened in separate experiments and compared to the negative control treatment, anti-CD4 mAb, which inhibits proliferation of lymphocytes and the positive control treatment, IL-2 (either as recombinant material or supernatant), which enhances proliferation of lymphocytes.

One skilled in the art could easily modify the exemplified studies to test the activity of polynucleotides (e.g., gene therapy), antibodies, agonists, and/or antagonists and fragments and variants thereof.

Example 46: Assays for Protease Activity

The following assay may be used to assess protease activity of the polypeptides of the invention.

Gelatin and casein zymography are performed essentially as described (Heusen et al., *Anal. Biochem.*, 102:196-202 (1980); Wilson et al., *Journal of Urology*, 149:653-658 (1993)). Samples are run on 10% polyacryamide/0.1% SDS gels containing 1% gelain orcasein, soaked in 2.5% triton at room temperature for 1 hour, and in 0.1M glycine, pH 8.3 at 37°C 5 to 16 hours. After staining in amido black areas of proteolysis apear as clear areas agains the blue-black background. Trypsin (~~Sigma~~SIGMA™ T8642) is used as a positive control.

Protease activity is also determined by monitoring the cleavage of n-a-benzoyl-L-arginine

ethyl ester (BAEE) (SigmaSIGMA™ B-4500. Reactions are set up in (25mMNaPO$_4$,1mM EDTA, and 1mM BAEE), pH 7.5. Samples are added and the change in adsorbance at 260nm is monitored on the Beckman DU-6 spectrophotometer in the time-drive mode. Trypsin is used as a positive control.

Additional assays based upon the release of acid-soluble peptides from casein or hemoglobin measured as adsorbance at 280 nm or colorimetrically using the Folin method are performed as described in Bergmeyer, et al., *Methods of Enzymatic Analysis*, 5 (1984). Other assays involve the solubilization of chromogenic substrates (Ward, *Applied Science*, 251-317 (1983)).

Example 47: Identifying Serine Protease Substrate Specificity

Methods known in the art or described herein may be used to determine the substrate specificity of the polypeptides of the present invention having serine protease activity. A preferred method of determining substrate specificity is by the use of positional scanning synthetic combinatorial libraries as described in GB 2 324 529 (incorporated herein in its entirety).

Example 48: Ligand Binding Assays

The following assay may be used to assess ligand binding activity of the polypeptides of the invention.

Ligand binding assays provide a direct method for ascertaining receptor pharmacology and are adaptable to a high throughput format. The purified ligand for a polypeptide is radiolabeled to high specific activity (50-2000 Ci/mmol) for binding studies. A determination is then made that the process of radiolabeling does not diminish the activity of the ligand towards its polypeptide. Assay conditions for buffers, ions, pH and other modulators such as nucleotides are optimized to establish a workable signal to noise ratio for both membrane and whole cell polypeptide sources. For these assays, specific polypeptide binding is defined as total associated radioactivity minus the radioactivity measured in the presence of an excess of unlabeled competing ligand. Where possible, more than one competing ligand is used to define residual nonspecific binding.

Example 49: Functional Assay in Xenopus Oocytes

Capped RNA transcripts from linearized plasmid templates encoding the polypeptides of the invention are synthesized in vitro with RNA polymerases in accordance with standard

procedures. In vitro transcripts are suspended in water at a final concentration of 0.2 mg/mi. Ovarian lobes are removed from adult female toads, Stage V defolliculated oocytes are obtained, and RNA transcripts (10 ng/oocytc) are injected in a 50 nl bolus using a microinjection apparatus. Two electrode voltage clamps are used to measure the currents from individual *Xenopus oocytes* in response polypeptides and polypeptide agonist exposure. Recordings are made in Ca2+ free Barth's medium at room temperature. The Xenopus system can be used to screen known ligands and tissue/cell extracts for activating ligands.

Example 50: Microphysiometric Assays

Activation of a wide variety of secondary messenger systems results in extrusion of small amounts of acid from a cell. The acid formed is largely as a result of the increased metabolic activity required to fuel the intracellular signaling process. The pH changes in the media surrounding the cell are very small but are detectable by the CYTOSENSOR microphysiometer (Molecular Devices Ltd., Menlo Park, Calif.). The CYTOSENSOR is thus capable of detecting the activation of polypeptide which is coupled to an energy utilizing intracellular signaling pathway.

Example 51: Extract/Cell Supernatant Screening

A large number of mammalian receptors exist for which there remains, as yet, no cognate activating ligand (agonist). Thus, active ligands for these receptors may not be included within the ligands banks as identified to date. Accordingly, the polypeptides of the invention can also be functionally screened (using calcium, cAMP, microphysiometer, oocyte electrophysiology, etc., functional screens) against tissue extracts to identify its natural ligands. Extracts that produce positive functional responses can be sequentially subfractionated until an activating ligand is isolated and identified.

Example 52: Calcium and cAMP Functional Assays

Seven transmembrane receptors which are expressed in HEK 293 cells have been shown to be coupled functionally to activation of PLC and calcium mobilization and/or cAMP stimulation or inhibition. Basal calcium levels in the HEK 293 cells in receptor-transfected or vector control cells were observed to be in the normal, 100 nM to 200 nM, range. HEK 293 cells expressing recombinant receptors are loaded with fura 2 and in a single day >150 selected ligands or

tissue/cell extracts are evaluated for agonist induced calcium mobilization. Similarly, HEK 293 cells expressing recombinant receptors are evaluated for the stimulation or inhibition of cAMP production using standard cAMP quantitation assays. Agonists presenting a calcium transient or cAMP fluctuation are tested in vector control cells to determine if the response is unique to the transfected cells expressing receptor.

Example 53: ATP-binding assay

The following assay may be used to assess ATP-binding activity of polypeptides of the invention.

ATP-binding activity of the polypeptides of the invention may be detected using the ATP-binding assay described in U.S. Patent 5,858,719, which is herein incorporated by reference in its entirety. Briefly, ATP-binding to polypeptides of the invention is measured via photoaffinity labeling with 8-azido-ATP in a competition assay. Reaction mixtures containing 1 mg/ml of the ABC transport protein of the present invention are incubated with varying concentrations of ATP, or the non-hydrolyzable ATP analog adenyl-5'-imidodiphosphate for 10 minutes at 4°C. A mixture of 8-azido-ATP (SigmaSIGMA™ Chem. Corp., St. Louis, MO.) plus 8-azido-ATP (^{32}P-ATP) (5 mCi/μmol, ICN, Irvine CA.) is added to a final concentration of 100 μM and 0.5 ml aliquots are placed in the wells of a porcelain spot plate on ice. The plate is irradiated using a short wave 254 nm UV lamp at a distance of 2.5 cm from the plate for two one-minute intervals with a one-minute cooling interval in between. The reaction is stopped by addition of dithiothreitol to a final concentration of 2mM. The incubations are subjected to SDS-PAGE electrophoresis, dried, and autoradiographed. Protein bands corresponding to the particular polypeptides of the invention are excised, and the radioactivity quantified. A decrease in radioactivity with increasing ATP or adenly-5'-imidodiphosphate provides a measure of ATP affinity to the polypeptides.

Example 54: Small Molecule Screening

This invention is particularly useful for screening therapeutic compounds by using the polypeptides of the invention, or binding fragments thereof, in any of a variety of drug screening techniques. The polypeptide or fragment employed in such a test may be affixed to a solid support, expressed on a cell surface, free in solution, or located intracellularly. One method of drug screening utilizes eukaryotic or prokaryotic host cells which are stably transformed with recombinant nucleic acids expressing the polypeptide or fragment. Drugs are screened against such

transformed cells in competitive binding assays. One may measure, for example, the formulation of complexes between the agent being tested and polypeptide of the invention.

Thus, the present invention provides methods of screening for drugs or any other agents which affect activities mediated by the polypeptides of the invention. These methods comprise contacting such an agent with a polypeptide of the invention or fragment thereof and assaying for the presence of a complex between the agent and the polypeptide or fragment thereof, by methods well known in the art. In such a competitive binding assay, the agents to screen are typically labeled. Following incubation, free agent is separated from that present in bound form, and the amount of free or uncomplexed label is a measure of the ability of a particular agent to bind to the polypeptides of the invention.

Another technique for drug screening provides high throughput screening for compounds having suitable binding affinity to the polypeptides of the invention, and is described in great detail in European Patent Application 84/03564, published on September 13, 1984, which is herein incorporated by reference in its entirety. Briefly stated, large numbers of different small molecule test compounds are synthesized on a solid substrate, such as plastic pins or some other surface. The test compounds are reacted with polypeptides of the invention and washed. Bound polypeptides are then detected by methods well known in the art. Purified polypeptides are coated directly onto plates for use in the aforementioned drug screening techniques. In addition, non-neutralizing antibodies may be used to capture the peptide and immobilize it on the solid support.

This invention also contemplates the use of competitive drug screening assays in which neutralizing antibodies capable of binding polypeptides of the invention specifically compete with a test compound for binding to the polypeptides or fragments thereof. In this manner, the antibodies are used to detect the presence of any peptide which shares one or more antigenic epitopes with a polypeptide of the invention.

Example 55: Phosphorylation Assay

In order to assay for phosphorylation activity of the polypeptides of the invention, a phosphorylation assay as described in U.S. Patent 5,958,405 (which is herein incorporated by reference) is utilized. Briefly, phosphorylation activity may be measured by phosphorylation of a protein substrate using gamma-labeled ^{32}P-ATP and quantitation of the incorporated radioactivity using a gamma radioisotope counter. The polypeptides of the invention are incubated with the protein substrate, ^{32}P-ATP, and a kinase buffer. The ^{32}P incorporated into the substrate is then separated from free ^{32}P-ATP by electrophoresis, and the incorporated ^{32}P is counted and compared

to a negative control. Radioactivity counts above the negative control are indicative of phosphorylation activity of the polypeptides of the invention.

Example 56: Detection of Phosphorylation Activity (Activation) of the Polypeptides of the Invention in the Presence of Polypeptide Ligands

Methods known in the art or described herein may be used to determine the phosphorylation activity of the polypeptides of the invention. A preferred method of determining phosphorylation activity is by the use of the tyrosine phosphorylation assay as described in US 5,817,471 (incorporated herein by reference).

Example 57: Identification Of Signal Transduction Proteins That Interact With Polypeptides Of The Present Invention

The purified polypeptides of the invention are research tools for the identification, characterization and purification of additional signal transduction pathway proteins or receptor proteins. Briefly, labeled polypeptides of the invention are useful as reagents for the purification of molecules with which it interacts. In one embodiment of affinity purification, polypeptides of the invention are covalently coupled to a chromatography column. Cell-free extract derived from putative target cells, such as carcinoma tissues, is passed over the column, and molecules with appropriate affinity bind to the polypeptides of the invention. The protein complex is recovered from the column, dissociated, and the recovered molecule subjected to N-terminal protein sequencing. This amino acid sequence is then used to identify the captured molecule or to design degenerate oligonucleotide probes for cloning the relevant gene from an appropriate cDNA library.

Example 58: IL-6 Bioassay

To test the proliferative effects of the polypeptides of the invention, the IL-6 Bioassay as described by Marz *et al.* is utilized (*Proc. Natl. Acad. Sci., U.S.A., 95*:3251-56 (1998), which is herein incorporated by reference). Briefly, IL-6 dependent B9 murine cells are washed three times in IL-6 free medium and plated at a concentration of 5,000 cells per well in 50 µl, and 50 µl of the IL-6-like polypeptide is added. After 68 hrs. at 37°C, the number of viable cells is measured by adding the tetrazolium salt thiazolyl blue (MTT) and incubating for a further 4 hrs. at 37°C. B9 cells are lysed by SDS and optical density is measured at 570 nm. Controls containing IL-6

(positive) and no cytokine (negative) are utilized. Enhanced proliferation in the test sample(s) relative to the negative control is indicative of proliferative effects mediated by polypeptides of the invention.

Example 59: Support of Chicken Embryo Neuron Survival

To test whether sympathetic neuronal cell viability is supported by polypeptides of the invention, the chicken embryo neuronal survival assay of Senaldi *et al* is utilized (*Proc. Natl. Acad. Sci., U.S.A., 96*:11458-63 (1998), which is herein incorporated by reference). Briefly, motor and sympathetic neurons are isolated from chicken embryos, resuspended in L15 medium (with 10% FCS, glucose, sodium selenite, progesterone, conalbumin, putrescine, and insulin; LIFE TECHNOLOGIES™~~Life Technologies~~, Rockville, MD.) and Dulbecco's modified Eagles medium [with 10% FCS, glutamine, penicillin, and 25 mM Hepes buffer (pH 7.2); LIFE TECHNOLOGIES™~~Life Technologies~~, Rockville, MD.], respectively, and incubated at 37°C in 5% CO_2 in the presence of different concentrations of the purified IL-6-like polypeptide, as well as a negative control lacking any cytokine. After 3 days, neuron survival is determined by evaluation of cellular morphology, and through the use of the colorimetric assay of Mosmann (Mosmann, T., *J. Immunol. Methods, 65*:55-63 (1983)). Enhanced neuronal cell viability as compared to the controls lacking cytokine is indicative of the ability of the inventive purified IL-6-like polypeptide(s) to enhance the survival of neuronal cells.

Example 60: Assay for Phosphatase Activity

The following assay may be used to assess serine/threonine phosphatase (PTPase) activity of the polypeptides of the invention.

In order to assay for serine/threonine phosphatase (PTPase) activity, assays can be utilized which are widely known to those skilled in the art. For example, the serine/threonine phosphatase (PSPase) activity is measured using a PSPase assay kit from New England Biolabs, Inc. Myelin basic protein (MyBP), a substrate for PSPase, is phosphorylated on serine and threonine residues with cAMP-dependent Protein Kinase in the presence of [^{32}P]ATP. Protein serine/threonine phosphatase activity is then determined by measuring the release of inorganic phosphate from 32P-labeled MyBP.

Example 61: Interaction of Serine/Threonine Phosphatases with other Proteins

The polypeptides of the invention with serine/threonine phosphatase activity as determined in Example 60 are research tools for the identification, characterization and purification of additional interacting proteins or receptor proteins, or other signal transduction pathway proteins. Briefly, labeled polypeptide(s) of the invention is useful as a reagent for the purification of molecules with which it interacts. In one embodiment of affinity purification, polypeptide of the invention is covalently coupled to a chromatography column. Cell-free extract derived from putative target cells, such as neural or liver cells, is passed over the column, and molecules with appropriate affinity bind to the polypeptides of the invention. The polypeptides of the invention - complex is recovered from the column, dissociated, and the recovered molecule subjected to N-terminal protein sequencing. This amino acid sequence is then used to identify the captured molecule or to design degenerate oligonucleotide probes for cloning the relevant gene from an appropriate cDNA library.

Example 62: Assaying for Heparanase Activity

In order to assay for heparanase activity of the polypeptides of the invention, the heparanase assay described by Vlodavsky et al is utilized (Vlodavsky, I., et al., Nat. Med., 5:793-802 (1999)). Briefly, cell lysates, conditioned media or intact cells (1 x 10^6 cells per 35-mm dish) are incubated for 18 hrs at 37°C, pH 6.2-6.6, with ^{35}S-labeled ECM or soluble ECM derived peak I proteoglycans. The incubation medium is centrifuged and the supernatant is analyzed by gel filtration on a Sepharose CL-6B column (0.9 x 30 cm). Fractions are eluted with PBS and their radioactivity is measured. Degradation fragments of heparan sulfate side chains are eluted from Sepharose 6B at $0.5 < K_{av} < 0.8$ (peak II). Each experiment is done at least three times. Degradation fragments corresponding to "peak II," as described by Vlodavsky et al., is indicative of the activity of the polypeptides of the invention in cleaving heparan sulfate.

Example 63: Immobilization of biomolecules

This example provides a method for the stabilization of polypeptides of the invention in non-host cell lipid bilayer constucts (see, e.g., Bieri et al., Nature Biotech 17:1105-1108 (1999), hereby incorporated by reference in its entirety herein) which can be adapted for the study of polypeptides of the invention in the various functional assays described above. Briefly, carbohydrate-specific chemistry for biotinylation is used to confine a biotin tag to the extracellular domain of the polypeptides of the invention, thus allowing uniform orientation upon immobilization. A 50uM solution of polypeptides of the invention in washed membranes is

incubated with 20 mM NaIO4 and 1.5 mg/ml (4mM) BACH or 2 mg/ml (7.5mM) biotin-hydrazide for 1 hr at room temperature (reaction volume, 150ul). Then the sample is dialyzed (Pierce Slidealizer Cassett, 10 kDa cutoff; Pierce Chemical Co., Rockford IL) at 4C first for 5 h, exchanging the buffer after each hour, and finally for 12 h against 500 ml buffer R (0.15 M NaCl, 1 mM MgCl2, 10 mM sodium phosphate, pH7). Just before addition into a cuvette, the sample is diluted 1:5 in buffer ROG50 (Buffer R supplemented with 50 mM octylglucoside).

Example 64: TAQMAN

Quantitative PCR (QPCR). Total RNA from cells in culture are extracted by ~~Trizol~~TRIZOL™ separation as recommended by the supplier (LifeTechnologies). (Total RNA is treated with DNase I (~~Life Technologies~~LIFE TECHNOLOGIES™) to remove any contaminating genomic DNA before reverse transcription.) Total RNA (50 ng) is used in a one-step, 50ul, RT-QPCR, consisting of Taqman Buffer A (Perkin-Elmer; 50 mM KCl/10 mM Tris, pH 8.3), 5.5 mM $MgCl_2$, 240 µM each dNTP, 0.4 units RNase inhibitor(~~Promega~~PROMEGA™), 8%glycerol, 0.012% Tween-20, 0.05% gelatin, 0.3uM primers, 0.1uM probe, 0.025units Amplitaq Gold (Perkin-Elmer) and 2.5 units Superscript II reverse transcriptase (~~Life Technologies~~LIFE TECHNOLOGIES™). As a control for genomic contamination, parallel reactions are setup without reverse transcriptase. The relative abundance of (unknown) and 18S RNAs are assessed by using the Applied Biosystems Prism 7700 Sequence Detection System (Livak, K. J., Flood, S. J., Marmaro, J., Giusti, W. & Deetz, K. (1995) PCR Methods Appl. 4, 357-362). Reactions are carried out at 48°C for 30 min, 95°C for 10 min, followed by 40 cycles of 95°C for 15s, 60°C for 1 min. Reactions are performed in triplicate.

Primers (f & r) and FRET probes sets are designed using Primer Express Software (Perkin-Elmer). Probes are labeled at the 5'-end with the reporter dye 6-FAM and on the 3'-end with the quencher dye TAMRA (Biosource International, Camarillo, CA or Perkin-Elmer).

Example 65: Assays for Metalloproteinase Activity

Metalloproteinases (EC 3.4.24.-) are peptide hydrolases which use metal ions, such as Zn^{2+}, as the catalytic mechanism. Metalloproteinase activity of polypeptides of the present invention can be assayed according to the following methods.

Proteolysis of alpha-2-macroglobulin

To confirm protease activity, purified polypeptides of the invention are mixed with the substrate alpha-2-macroglobulin (0.2 unit/ml; ~~Boehringer~~BOEHRINGER™ Mannheim, Germany) in 1x assay buffer (50 mM HEPES, pH 7.5, 0.2 M NaCl, 10 mM $CaCl_2$, 25 μM $ZnCl_2$ and 0.05% Brij-35) and incubated at 37°C for 1-5 days. Trypsin is used as positive control. Negative controls contain only alpha-2-macroglobulin in assay buffer. The samples are collected and boiled in SDS-PAGE sample buffer containing 5% 2-mercaptoethanol for 5-min, then loaded onto 8% SDS-polyacrylamide gel. After electrophoresis the proteins are visualized by silver staining. Proteolysis is evident by the appearance of lower molecular weight bands as compared to the negative control.

Inhibition of alpha-2-macroglobulin proteolysis by inhibitors of metalloproteinases

Known metalloproteinase inhibitors (metal chelators (EDTA, EGTA, AND $HgCl_2$), peptide metalloproteinase inhibitors (TIMP-1 and TIMP–2), and commercial small molecule MMP inhibitors) are used to characterize the proteolytic activity of polypeptides of the invention. The three synthetic MMP inhibitors used are: MMP inhibitor I, [IC_{50} = 1.0 μM against MMP-1 and MMP–8; IC_{50} = 30 μM against MMP-9; IC_{50} = 150 μM against MMP-3]; MMP-3 (stromelysin-1) inhibitor I [IC_{50} = 5 μM against MMP-3], and MMP-3 inhibitor II [K_i = 130 nM against MMP-3]; inhibitors available through Calbiochem, catalog # 444250, 444218, and 444225, respectively). Briefly, different concentrations of the small molecule MMP inhibitors are mixed with purified polypeptides of the invention (50μg/ml) in 22.9 μl of 1x HEPES buffer (50 mM HEPES, pH 7.5, 0.2 M NaCl, 10 mM $CaCl_2$, 25 μM $ZnCl_2$ and 0.05%Brij-35) and incubated at room temperature (24 °C) for 2-hr, then 7.1 μl of substrate alpha-2-macroglobulin (0.2 unit/ml) is added and incubated at 37°C for 20-hr. The reactions are stopped by adding 4x sample buffer and boiled immediately for 5 minutes. After SDS-PAGE, the protein bands are visualized by silver stain.

Synthetic Fluorogenic Peptide Substrates Cleavage Assay

The substrate specificity for polypeptides of the invention with demonstrated metalloproteinase activity can be determined using synthetic fluorogenic peptide substrates (purchased from BACHEM Bioscience Inc). Test substrates include, M-1985, M-2225, M-2105, M-2110, and M-2255. The first four are MMP substrates and the last one is a substrate of tumor necrosis factor-α (TNF-α) converting enzyme (TACE). All the substrates are prepared in 1:1 dimethyl sulfoxide (DMSO) and water. The stock solutions are 50-500 μM. Fluorescent assays are performed by using a Perkin Elmer LS 50B luminescence spectrometer equipped with a constant temperature water bath. The excitation λ is 328 nm and the emission λ is 393 nm. Briefly, the assay is carried out by incubating 176 μl 1x HEPES buffer (0.2 M NaCl, 10 mM $CaCl_2$, 0.05%

Brij-35 and 50 mM HEPES, pH 7.5) with 4 µl of substrate solution (50 µM) at 25 ºC for 15 minutes, and then adding 20 µl of a purified polypeptide of the invention into the assay cuvett. The final concentration of substrate is 1 µM. Initial hydrolysis rates are monitored for 30-min.

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Example 66: Characterization of the cDNA contained in a deposited plasmid

The size of the cDNA insert contained in a deposited plasmid may be routinely determined using techniques known in the art, such as PCR amplification using synthetic primers hybridizable
10 to the 3' and 5' ends of the cDNA sequence. For example, two primers of 17-30 nucleotides derived from each end of the cDNA (i.e., hybridizable to the absolute 5' nucleotide or the 3' nucleotide end of the sequence of SEQ ID NO:X, respectively) are synthesized and used to amplify the cDNA using the deposited cDNA plasmid as a template. The polymerase chain reaction is carried out under routine conditions, for instance, in 25 ul of reaction mixture with 0.5
15 ug of the above cDNA template. A convenient reaction mixture is 1.5-5 mM $MgCl_2$, 0.01% (w/v) gelatin, 20 uM each of dATP, dCTP, dGTP, dTTP, 25 pmol of each primer and 0.25 Unit of Taq polymerase. Thirty five cycles of PCR (denaturation at 94 degree C for 1 min; annealing at 55 degree C for 1 min; elongation at 72 degree C for 1 min) are performed with a Perkin-Elmer Cetus automated thermal cycler. The amplified product is analyzed by agarose gel electrophoresis. The
20 PCR product is verified to be the selected sequence by subcloning and sequencing the DNA product.It will be clear that the invention may be practiced otherwise than as particularly described in the foregoing description and examples. Numerous modifications and variations of the present invention are possible in light of the above teachings and, therefore, are within the scope of the appended claims.

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Incorporation by Reference

The entire disclosure of each document cited (including patents, patent applications, journal articles, abstracts, laboratory manuals, books, or other disclosures) in the Background of the Invention, Detailed Description, and Examples is hereby incorporated herein by reference. In
30 addition, the sequence listing submitted herewith is incorporated herein by reference in its entirety. The specification and sequence listing of each of the following U.S. and PCT applications are herein incorporated by reference in their entirety: U.S. Appln. No. 60/040,162 filed on 07-Mar-1997, U.S. Appln. No. 60/043,576 filed on 11-Apr-1997, U.S. Appln. No. 60/047,601 filed on 23-May-1997, U.S. Appln. No. 60/056,845 filed on 22-Aug-1997, U.S. Appln. No. 60/043,580 filed
35 on 11-Apr-1997, U.S. Appln. No. 60/047,599 filed on 23-May-1997, U.S. Appln. No. 60/056,664

filed on 22-Aug-1997, U.S. Appln. No. 60/043,314 filed on 11-Apr-1997, U.S. Appln. No. 60/047,632 filed on 23-May-1997, U.S. Appln. No. 60/056,892 filed on 22-Aug-1997, U.S. Appln. No. 60/043,568 filed on 11-Apr-1997, U.S. Appln. No. 60/047,595 filed on 23-May-1997, U.S. Appln. No. 60/056,632 filed on 22-Aug-1997, U.S. Appln. No. 60/043,578 filed on 11-Apr-1997, U.S. Appln. No. 60/040,333 filed on 07-Mar-1997, U.S. Appln. No. 60/043,670 filed on 11-Apr-1997, U.S. Appln. No. 60/047,596 filed on 23-May-1997, U.S. Appln. No. 60/056,864 filed on 22-Aug-1997, U.S. Appln. No. 60/043,674 filed on 11-Apr-1997, U.S. Appln. No. 60/047,612 filed on 23-May-1997, U.S. Appln. No. 60/056,631 filed on 22-Aug-1997, U.S. Appln. No. 60/043,569 filed on 11-Apr-1997, U.S. Appln. No. 60/047,588 filed on 23-May-1997, U.S. Appln. No. 60/056,876 filed on 22-Aug-1997, U.S. Appln. No. 60/043,671 filed on 11-Apr-1997, U.S. Appln. No. 60/043,311 filed on 11-Apr-1997, U.S. Appln. No. 60/038,621 filed on 07-Mar-1997, U.S. Appln. No. 60/043,672 filed on 11-Apr-1997, U.S. Appln. No. 60/047,613 filed on 23-May-1997, U.S. Appln. No. 60/056,636 filed on 22-Aug-1997, U.S. Appln. No. 60/043,669 filed on 11-Apr-1997, U.S. Appln. No. 60/047,582 filed on 23-May-1997, U.S. Appln. No. 60/056,910 filed on 22-Aug-1997, U.S. Appln. No. 60/043,315 filed on 11-Apr-1997, U.S. Appln. No. 60/047,598 filed on 23-May-1997, U.S. Appln. No. 60/056,874 filed on 22-Aug-1997, U.S. Appln. No. 60/043,312 filed on 11-Apr-1997, U.S. Appln. No. 60/047,585 filed on 23-May-1997, U.S. Appln. No. 60/056,881 filed on 22-Aug-1997, U.S. Appln. No. 60/043,313 filed on 11-Apr-1997, U.S. Appln. No. 60/047,586 filed on 23-May-1997, U.S. Appln. No. 60/056,909 filed on 22-Aug-1997, U.S. Appln. No. 60/040,161 filed on 07-Mar-1997, U.S. Appln. No. 60/047,587 filed on 23-May-1997, U.S. Appln. No. 60/056,879 filed on 22-Aug-1997, U.S. Appln. No. 60/047,500 filed on 23-May-1997, U.S. Appln. No. 60/056,880 filed on 22-Aug-1997, U.S. Appln. No. 60/047,584 filed on 23-May-1997, U.S. Appln. No. 60/056,894 filed on 22-Aug-1997, U.S. Appln. No. 60/047,492 filed on 23-May-1997, U.S. Appln. No. 60/056,911 filed on 22-Aug-1997, U.S. Appln. No. 60/040,626 filed on 07-Mar-1997, U.S. Appln. No. 60/047,503 filed on 23-May-1997, U.S. Appln. No. 60/056,903 filed on 22-Aug-1997, U.S. Appln. No. 60/047,501 filed on 23-May-1997, U.S. Appln. No. 60/056,637 filed on 22-Aug-1997, U.S. Appln. No. 60/047,590 filed on 23-May-1997, U.S. Appln. No. 60/056,875 filed on 22-Aug-1997, U.S. Appln. No. 60/047,581 filed on 23-May-1997, U.S. Appln. No. 60/056,882 filed on 22-Aug-1997, U.S. Appln. No. 60/047,592 filed on 23-May-1997, U.S. Appln. No. 60/056,888 filed on 22-Aug-1997, U.S. Appln. No. 60/040,334 filed on 07-Mar-1997, U.S. Appln. No. 60/047,618 filed on 23-May-1997, U.S. Appln. No. 60/056,872 filed on 22-Aug-1997, U.S. Appln. No. 60/047,617 filed on 23-May-1997, U.S. Appln. No. 60/056,662 filed on 22-Aug-1997, U.S. Appln. No. 60/047,589 filed on 23-May-1997, U.S. Appln. No. 60/056,862 filed on 22-Aug-1997, U.S. Appln. No. 60/047,594 filed on 23-May-1997, U.S. Appln. No. 60/056,884 filed on 22-Aug-1997, U.S. Appln. No. 60/047,583 filed on 23-May-1997, U.S.

Appln. No. 60/056,878 filed on 22-Aug-1997, U.S. Appln. No. 60/040,336 filed on 07-Mar-1997, U.S. Appln. No. 60/047,502 filed on 23-May-1997, U.S. Appln. No. 60/056,893 filed on 22-Aug-1997, U.S. Appln. No. 60/047,633 filed on 23-May-1997, U.S. Appln. No. 60/056,630 filed on 22-Aug-1997, U.S. Appln. No. 60/047,593 filed on 23-May-1997, U.S. Appln. No. 60/056,887 filed on 22-Aug-1997, U.S. Appln. No. 60/040,163 filed on 07-Mar-1997, U.S. Appln. No. 60/047,597 filed on 23-May-1997, U.S. Appln. No. 60/056,889 filed on 22-Aug-1997, U.S. Appln. No. 60/047,615 filed on 23-May-1997, U.S. Appln. No. 60/056,877 filed on 22-Aug-1997, U.S. Appln. No. 60/047,600 filed on 23-May-1997, U.S. Appln. No. 60/056,886 filed on 22-Aug-1997, U.S. Appln. No. 60/047,614 filed on 23-May-1997, U.S. Appln. No. 60/056,908 filed on 22-Aug-1997, U.S. Appln. No. 60/040,710 filed on 14-Mar-1997, U.S. Appln. No. 60/050,934 filed on 30-May-1997, U.S. Appln. No. 60/048,100 filed on 30-May-1997, U.S. Appln. No. 60/040,762 filed on 14-Mar-1997, U.S. Appln. No. 60/048,357 filed on 30-May-1997, U.S. Appln. No. 60/048,189 filed on 30-May-1997, U.S. Appln. No. 60/041,277 filed on 21-Mar-1997, U.S. Appln. No. 60/048,188 filed on 30-May-1997, U.S. Appln. No. 60/048,094 filed on 30-May-1997, U.S. Appln. No. 60/048,350 filed on 30-May-1997, U.S. Appln. No. 60/048,135 filed on 30-May-1997, U.S. Appln. No. 60/042,344 filed on 21-Mar-1997, U.S. Appln. No. 60/048,187 filed on 30-May-1997, U.S. Appln. No. 60/048,099 filed on 30-May-1997, U.S. Appln. No. 60/050,937 filed on 30-May-1997, U.S. Appln. No. 60/048,352 filed on 30-May-1997, U.S. Appln. No. 60/041,276 filed on 21-Mar-1997, U.S. Appln. No. 60/048,069 filed on 30-May-1997, U.S. Appln. No. 60/048,131 filed on 30-May-1997, U.S. Appln. No. 60/048,186 filed on 30-May-1997, U.S. Appln. No. 60/048,095 filed on 30-May-1997, U.S. Appln. No. 60/041,281 filed on 21-Mar-1997, U.S. Appln. No. 60/048,355 filed on 30-May-1997, U.S. Appln. No. 60/048,096 filed on 30-May-1997, U.S. Appln. No. 60/048,351 filed on 30-May-1997, U.S. Appln. No. 60/048,154 filed on 30-May-1997, U.S. Appln. No. 60/048,160 filed on 30-May-1997, U.S. Appln. No. 60/042,825 filed on 08-Apr-1997, U.S. Appln. No. 60/048,070 filed on 30-May-1997, U.S. Appln. No. 60/042,727 filed on 08-Apr-1997, U.S. Appln. No. 60/048,068 filed on 30-May-1997, U.S. Appln. No. 60/042,726 filed on 08-Apr-1997, U.S. Appln. No. 60/048,184 filed on 30-May-1997, U.S. Appln. No. 60/042,728 filed on 08-Apr-1997, U.S. Appln. No. 60/042,754 filed on 08-Apr-1997, U.S. Appln. No. 60/048,190 filed on 30-May-1997, U.S. Appln. No. 60/044,039 filed on 30-May-1997, U.S. Appln. No. 60/048,093 filed on 30-May-1997, U.S. Appln. No. 60/048,885 filed on 06-Jun-1997, U.S. Appln. No. 60/057,645 filed on 05-Sep-1997, U.S. Appln. No. 60/049,375 filed on 06-Jun-1997, U.S. Appln. No. 60/057,642 filed on 05-Sep-1997, U.S. Appln. No. 60/048,881 filed on 06-Jun-1997, U.S. Appln. No. 60/057,668 filed on 05-Sep-1997, U.S. Appln. No. 60/048,880 filed on 06-Jun-1997, U.S. Appln. No. 60/057,635 filed on 05-Sep-1997, U.S. Appln. No. 60/048,896 filed on 06-Jun-1997, U.S. Appln. No. 60/057,627 filed on 05-Sep-1997, U.S. Appln. No. 60/049,020

filed on 06-Jun-1997, U.S. Appln. No. 60/057,667 filed on 05-Sep-1997, U.S. Appln. No. 60/048,876 filed on 06-Jun-1997, U.S. Appln. No. 60/057,666 filed on 05-Sep-1997, U.S. Appln. No. 60/048,895 filed on 06-Jun-1997, U.S. Appln. No. 60/057,764 filed on 05-Sep-1997, U.S. Appln. No. 60/048,884 filed on 06-Jun-1997, U.S. Appln. No. 60/057,643 filed on 05-Sep-1997, U.S. Appln. No. 60/048,894 filed on 06-Jun-1997, U.S. Appln. No. 60/057,769 filed on 05-Sep-1997, U.S. Appln. No. 60/048,971 filed on 06-Jun-1997, U.S. Appln. No. 60/057,763 filed on 05-Sep-1997, U.S. Appln. No. 60/048,964 filed on 06-Jun-1997, U.S. Appln. No. 60/057,650 filed on 05-Sep-1997, U.S. Appln. No. 60/048,882 filed on 06-Jun-1997, U.S. Appln. No. 60/057,584 filed on 05-Sep-1997, U.S. Appln. No. 60/048,899 filed on 06-Jun-1997, U.S. Appln. No. 60/057,647 filed on 05-Sep-1997, U.S. Appln. No. 60/048,893 filed on 06-Jun-1997, U.S. Appln. No. 60/057,661 filed on 05-Sep-1997, U.S. Appln. No. 60/048,900 filed on 06-Jun-1997, U.S. Appln. No. 60/057,662 filed on 05-Sep-1997, U.S. Appln. No. 60/048,901 filed on 06-Jun-1997, U.S. Appln. No. 60/057,646 filed on 05-Sep-1997, U.S. Appln. No. 60/048,892 filed on 06-Jun-1997, U.S. Appln. No. 60/057,654 filed on 05-Sep-1997, U.S. Appln. No. 60/048,915 filed on 06-Jun-1997, U.S. Appln. No. 60/057,651 filed on 05-Sep-1997, U.S. Appln. No. 60/049,019 filed on 06-Jun-1997, U.S. Appln. No. 60/057,644 filed on 05-Sep-1997, U.S. Appln. No. 60/048,970 filed on 06-Jun-1997, U.S. Appln. No. 60/057,765 filed on 05-Sep-1997, U.S. Appln. No. 60/048,972 filed on 06-Jun-1997, U.S. Appln. No. 60/057,762 filed on 05-Sep-1997, U.S. Appln. No. 60/048,916 filed on 06-Jun-1997, U.S. Appln. No. 60/057,775 filed on 05-Sep-1997, U.S. Appln. No. 60/049,373 filed on 06-Jun-1997, U.S. Appln. No. 60/057,648 filed on 05-Sep-1997, U.S. Appln. No. 60/048,875 filed on 06-Jun-1997, U.S. Appln. No. 60/057,774 filed on 05-Sep-1997, U.S. Appln. No. 60/049,374 filed on 06-Jun-1997, U.S. Appln. No. 60/057,649 filed on 05-Sep-1997, U.S. Appln. No. 60/048,917 filed on 06-Jun-1997, U.S. Appln. No. 60/057,770 filed on 05-Sep-1997, U.S. Appln. No. 60/048,949 filed on 06-Jun-1997, U.S. Appln. No. 60/057,771 filed on 05-Sep-1997, U.S. Appln. No. 60/048,974 filed on 06-Jun-1997, U.S. Appln. No. 60/057,761 filed on 05-Sep-1997, U.S. Appln. No. 60/048,883 filed on 06-Jun-1997, U.S. Appln. No. 60/057,760 filed on 05-Sep-1997, U.S. Appln. No. 60/048,897 filed on 06-Jun-1997, U.S. Appln. No. 60/057,776 filed on 05-Sep-1997, U.S. Appln. No. 60/048,898 filed on 06-Jun-1997, U.S. Appln. No. 60/057,778 filed on 05-Sep-1997, U.S. Appln. No. 60/048,962 filed on 06-Jun-1997, U.S. Appln. No. 60/057,629 filed on 05-Sep-1997, U.S. Appln. No. 60/048,963 filed on 06-Jun-1997, U.S. Appln. No. 60/057,628 filed on 05-Sep-1997, U.S. Appln. No. 60/048,877 filed on 06-Jun-1997, U.S. Appln. No. 60/057,777 filed on 05-Sep-1997, U.S. Appln. No. 60/048,878 filed on 06-Jun-1997, U.S. Appln. No. 60/057,634 filed on 05-Sep-1997, U.S. Appln. No. 60/049,608 filed on 13-Jun-1997, U.S. Appln. No. 60/058,669 filed on 12-Sep-1997, U.S. Appln. No. 60/049,566 filed on 13-Jun-1997, U.S. Appln. No. 60/058,668 filed on 12-Sep-1997, U.S. Appln. No. 60/052,989 filed

on 13-Jun-1997, U.S. Appln. No. 60/058,750 filed on 12-Sep-1997, U.S. Appln. No. 60/049,607 filed on 13-Jun-1997, U.S. Appln. No. 60/058,665 filed on 12-Sep-1997, U.S. Appln. No. 60/049,611 filed on 13-Jun-1997, U.S. Appln. No. 60/058,971 filed on 12-Sep-1997, U.S. Appln. No. 60/050,901 filed on 13-Jun-1997, U.S. Appln. No. 60/058,972 filed on 12-Sep-1997, U.S. Appln. No. 60/049,609 filed on 13-Jun-1997, U.S. Appln. No. 60/058,975 filed on 12-Sep-1997, U.S. Appln. No. 60/048,356 filed on 30-May-1997, U.S. Appln. No. 60/056,296 filed on 29-Aug-1997, U.S. Appln. No. 60/048,101 filed on 30-May-1997, U.S. Appln. No. 60/056,293 filed on 29-Aug-1997, U.S. Appln. No. 60/050,935 filed on 30-May-1997, U.S. Appln. No. 60/056,250 filed on 29-Aug-1997, U.S. Appln. No. 60/049,610 filed on 13-Jun-1997, U.S. Appln. No. 60/061,060 filed on 02-Oct-1997, U.S. Appln. No. 60/049,606 filed on 13-Jun-1997, U.S. Appln. No. 60/060,841 filed on 02-Oct-1997, U.S. Appln. No. 60/049,550 filed on 13-Jun-1997, U.S. Appln. No. 60/060,834 filed on 02-Oct-1997, U.S. Appln. No. 60/049,549 filed on 13-Jun-1997, U.S. Appln. No. 60/060,865 filed on 02-Oct-1997, U.S. Appln. No. 60/049,548 filed on 13-Jun-1997, U.S. Appln. No. 60/060,844 filed on 02-Oct-1997, U.S. Appln. No. 60/049,547 filed on 13-Jun-1997, U.S. Appln. No. 60/061,059 filed on 02-Oct-1997, U.S. Appln. No. 60/051,381 filed on 01-Jul-1997, U.S. Appln. No. 60/058,598 filed on 12-Sep-1997, U.S. Appln. No. 60/051,480 filed on 01-Jul-1997, U.S. Appln. No. 60/058,663 filed on 12-Sep-1997, U.S. Appln. No. 60/051,926 filed on 08-Jul-1997, U.S. Appln. No. 60/058,785 filed on 12-Sep-1997, U.S. Appln. No. 60/052,793 filed on 08-Jul-1997, U.S. Appln. No. 60/058,664 filed on 12-Sep-1997, U.S. Appln. No. 60/051,925 filed on 08-Jul-1997, U.S. Appln. No. 60/058,660 filed on 12-Sep-1997, U.S. Appln. No. 60/051,929 filed on 08-Jul-1997, U.S. Appln. No. 60/058,661 filed on 12-Sep-1997, U.S. Appln. No. 60/052,803 filed on 08-Jul-1997, U.S. Appln. No. 60/055,722 filed on 18-Aug-1997, U.S. Appln. No. 60/052,732 filed on 08-Jul-1997, U.S. Appln. No. 60/055,723 filed on 18-Aug-1997, U.S. Appln. No. 60/051,932 filed on 08-Jul-1997, U.S. Appln. No. 60/055,948 filed on 18-Aug-1997, U.S. Appln. No. 60/051,931 filed on 08-Jul-1997, U.S. Appln. No. 60/055,949 filed on 18-Aug-1997, U.S. Appln. No. 60/051,916 filed on 08-Jul-1997, U.S. Appln. No. 60/055,953 filed on 18-Aug-1997, U.S. Appln. No. 60/051,930 filed on 08-Jul-1997, U.S. Appln. No. 60/055,950 filed on 18-Aug-1997, U.S. Appln. No. 60/051,918 filed on 08-Jul-1997, U.S. Appln. No. 60/055,947 filed on 18-Aug-1997, U.S. Appln. No. 60/051,920 filed on 08-Jul-1997, U.S. Appln. No. 60/055,964 filed on 18-Aug-1997, U.S. Appln. No. 60/052,733 filed on 08-Jul-1997, U.S. Appln. No. 60/056,360 filed on 18-Aug-1997, U.S. Appln. No. 60/052,795 filed on 08-Jul-1997, U.S. Appln. No. 60/055,684 filed on 18-Aug-1997, U.S. Appln. No. 60/051,919 filed on 08-Jul-1997, U.S. Appln. No. 60/055,984 filed on 18-Aug-1997, U.S. Appln. No. 60/051,928 filed on 08-Jul-1997, U.S. Appln. No. 60/055,954 filed on 18-Aug-1997, U.S. Appln. No. 60/052,870 filed on 16-Jul-1997, U.S. Appln. No. 60/055,952 filed on 18-Aug-1997, U.S. Appln. No. 60/052,871 filed

on 16-Jul-1997, U.S. Appln. No. 60/055,725 filed on 18-Aug-1997, U.S. Appln. No. 60/052,872 filed on 16-Jul-1997, U.S. Appln. No. 60/056,359 filed on 18-Aug-1997, U.S. Appln. No. 60/052,661 filed on 16-Jul-1997, U.S. Appln. No. 60/055,985 filed on 18-Aug-1997, U.S. Appln. No. 60/052,874 filed on 16-Jul-1997, U.S. Appln. No. 60/055,724 filed on 18-Aug-1997, U.S. Appln. No. 60/052,873 filed on 16-Jul-1997, U.S. Appln. No. 60/055,726 filed on 18-Aug-1997, U.S. Appln. No. 60/052,875 filed on 16-Jul-1997, U.S. Appln. No. 60/056,361 filed on 18-Aug-1997, U.S. Appln. No. 60/053,440 filed on 22-Jul-1997, U.S. Appln. No. 60/055,989 filed on 18-Aug-1997, U.S. Appln. No. 60/053,441 filed on 22-Jul-1997, U.S. Appln. No. 60/055,946 filed on 18-Aug-1997, U.S. Appln. No. 60/053,442 filed on 22-Jul-1997, U.S. Appln. No. 60/055,683 filed on 18-Aug-1997, U.S. Appln. No. 60/054,212 filed on 30-Jul-1997, U.S. Appln. No. 60/055,968 filed on 18-Aug-1997, U.S. Appln. No. 60/054,209 filed on 30-Jul-1997, U.S. Appln. No. 60/055,972 filed on 18-Aug-1997, U.S. Appln. No. 60/054,234 filed on 30-Jul-1997, U.S. Appln. No. 60/055,969 filed on 18-Aug-1997, U.S. Appln. No. 60/055,386 filed on 05-Aug-1997, U.S. Appln. No. 60/055,986 filed on 18-Aug-1997, U.S. Appln. No. 60/054,807 filed on 05-Aug-1997, U.S. Appln. No. 60/055,970 filed on 18-Aug-1997, U.S. Appln. No. 60/054,215 filed on 30-Jul-1997, U.S. Appln. No. 60/056,543 filed on 19-Aug-1997, U.S. Appln. No. 60/054,218 filed on 30-Jul-1997, U.S. Appln. No. 60/056,561 filed on 19-Aug-1997, U.S. Appln. No. 60/054,214 filed on 30-Jul-1997, U.S. Appln. No. 60/056,534 filed on 19-Aug-1997, U.S. Appln. No. 60/054,236 filed on 30-Jul-1997, U.S. Appln. No. 60/056,729 filed on 19-Aug-1997, U.S. Appln. No. 60/054,213 filed on 30-Jul-1997, U.S. Appln. No. 60/056,727 filed on 19-Aug-1997, U.S. Appln. No. 60/054,211 filed on 30-Jul-1997, U.S. Appln. No. 60/056,554 filed on 19-Aug-1997, U.S. Appln. No. 60/054,217 filed on 30-Jul-1997, U.S. Appln. No. 60/056,730 filed on 19-Aug-1997, U.S. Appln. No. 60/055,312 filed on 05-Aug-1997, U.S. Appln. No. 60/056,563 filed on 19-Aug-1997, U.S. Appln. No. 60/055,309 filed on 05-Aug-1997, U.S. Appln. No. 60/056,557 filed on 19-Aug-1997, U.S. Appln. No. 60/055,310 filed on 05-Aug-1997, U.S. Appln. No. 60/056,371 filed on 19-Aug-1997, U.S. Appln. No. 60/054,798 filed on 05-Aug-1997, U.S. Appln. No. 60/056,732 filed on 19-Aug-1997, U.S. Appln. No. 60/056,369 filed on 19-Aug-1997, U.S. Appln. No. 60/056,535 filed on 19-Aug-1997, U.S. Appln. No. 60/056,556 filed on 19-Aug-1997, U.S. Appln. No. 60/056,555 filed on 19-Aug-1997, U.S. Appln. No. 60/054,806 filed on 05-Aug-1997, U.S. Appln. No. 60/056,366 filed on 19-Aug-1997, U.S. Appln. No. 60/054,809 filed on 05-Aug-1997, U.S. Appln. No. 60/056,364 filed on 19-Aug-1997, U.S. Appln. No. 60/054,804 filed on 05-Aug-1997, U.S. Appln. No. 60/056,370 filed on 19-Aug-1997, U.S. Appln. No. 60/054,803 filed on 05-Aug-1997, U.S. Appln. No. 60/056,731 filed on 19-Aug-1997, U.S. Appln. No. 60/055,311 filed on 05-Aug-1997, U.S. Appln. No. 60/056,365 filed on 19-Aug-1997, U.S. Appln. No. 60/054,808 filed on 05-Aug-1997, U.S. Appln. No. 60/056,367 filed on 19-Aug-1997, U.S. Appln. No. 60/056,726

filed on 19-Aug-1997, U.S. Appln. No. 60/056,368 filed on 19-Aug-1997, U.S. Appln. No. 60/056,728 filed on 19-Aug-1997, U.S. Appln. No. 60/056,628 filed on 19-Aug-1997, U.S. Appln. No. 60/056,629 filed on 19-Aug-1997, U.S. Appln. No. 60/056,270 filed on 29-Aug-1997, U.S. Appln. No. 60/056,271 filed on 29-Aug-1997, U.S. Appln. No. 60/056,247 filed on 29-Aug-1997, U.S. Appln. No. 60/056,073 filed on 29-Aug-1997, U.S. Appln. No. 60/057,669 filed on 05-Sep-1997, U.S. Appln. No. 60/057,663 filed on 05-Sep-1997, U.S. Appln. No. 60/057,626 filed on 05-Sep-1997, U.S. Appln. No. 60/058,666 filed on 12-Sep-1997, U.S. Appln. No. 60/058,973 filed on 12-Sep-1997, U.S. Appln. No. 60/058,974 filed on 12-Sep-1997, U.S. Appln. No. 60/058,667 filed on 12-Sep-1997, U.S. Appln. No. 60/060,837 filed on 02-Oct-1997, U.S. Appln. No. 60/060,862 filed on 02-Oct-1997, U.S. Appln. No. 60/060,839 filed on 02-Oct-1997, U.S. Appln. No. 60/060,866 filed on 02-Oct-1997, U.S. Appln. No. 60/060,843 filed on 02-Oct-1997, U.S. Appln. No. 60/060,836 filed on 02-Oct-1997, U.S. Appln. No. 60/060,838 filed on 02-Oct-1997, U.S. Appln. No. 60/060,874 filed on 02-Oct-1997, U.S. Appln. No. 60/060,833 filed on 02-Oct-1997, U.S. Appln. No. 60/060,884 filed on 02-Oct-1997, U.S. Appln. No. 60/060,880 filed on 02-Oct-1997, U.S. Appln. No. 60/061,463 filed on 09-Oct-1997, U.S. Appln. No. 60/061,529 filed on 09-Oct-1997, U.S. Appln. No. 60/071,498 filed on 09-Oct-1997, U.S. Appln. No. 60/061,527 filed on 09-Oct-1997, U.S. Appln. No. 60/061,536 filed on 09-Oct-1997, U.S. Appln. No. 60/061,532 filed on 09-Oct-1997, U.S. Appln. No. 60/063,099 filed on 24-Oct-1997, U.S. Appln. No. 60/063,088 filed on 24-Oct-1997, U.S. Appln. No. 60/063,100 filed on 24-Oct-1997, U.S. Appln. No. 60/063,387 filed on 24-Oct-1997, U.S. Appln. No. 60/063,148 filed on 24-Oct-1997, U.S. Appln. No. 60/063,386 filed on 24-Oct-1997, U.S. Appln. No. 60/062,784 filed on 24-Oct-1997, U.S. Appln. No. 60/063,091 filed on 24-Oct-1997, U.S. Appln. No. 60/063,090 filed on 24-Oct-1997, U.S. Appln. No. 60/063,089 filed on 24-Oct-1997, U.S. Appln. No. 60/063,092 filed on 24-Oct-1997, U.S. Appln. No. 60/063,111 filed on 24-Oct-1997, U.S. Appln. No. 60/063,101 filed on 24-Oct-1997, U.S. Appln. No. 60/063,109 filed on 24-Oct-1997, U.S. Appln. No. 60/063,110 filed on 24-Oct-1997, U.S. Appln. No. 60/063,098 filed on 24-Oct-1997, U.S. Appln. No. 60/063,097 filed on 24-Oct-1997, U.S. Appln. No. 60/064,911 filed on 07-Nov-1997, U.S. Appln. No. 60/064,912 filed on 07-Nov-1997, U.S. Appln. No. 60/064,983 filed on 07-Nov-1997, U.S. Appln. No. 60/064,900 filed on 07-Nov-1997, U.S. Appln. No. 60/064,988 filed on 07-Nov-1997, U.S. Appln. No. 60/064,987 filed on 07-Nov-1997, U.S. Appln. No. 60/064,908 filed on 07-Nov-1997, U.S. Appln. No. 60/064,984 filed on 07-Nov-1997, U.S. Appln. No. 60/064,985 filed on 07-Nov-1997, U.S. Appln. No. 60/066,094 filed on 17-Nov-1997, U.S. Appln. No. 60/066,100 filed on 17-Nov-1997, U.S. Appln. No. 60/066,089 filed on 17-Nov-1997, U.S. Appln. No. 60/066,095 filed on 17-Nov-1997, U.S. Appln. No. 60/066,090 filed on 17-Nov-1997, U.S. Appln. No. 60/068,006 filed on 18-Dec-1997, U.S. Appln. No. 60/068,057 filed on 18-Dec-1997, U.S. Appln. No. 60/068,007

filed on 18-Dec-1997, U.S. Appln. No. 60/068,008 filed on 18-Dec-1997, U.S. Appln. No. 60/068,054 filed on 18-Dec-1997, U.S. Appln. No. 60/068,064 filed on 18-Dec-1997, U.S. Appln. No. 60/068,053 filed on 18-Dec-1997, U.S. Appln. No. 60/070,923 filed on 18-Dec-1997, U.S. Appln. No. 60/068,365 filed on 19-Dec-1997, U.S. Appln. No. 60/068,169 filed on 19-Dec-1997, U.S. Appln. No. 60/068,367 filed on 19-Dec-1997, U.S. Appln. No. 60/068,369 filed on 19-Dec-1997, U.S. Appln. No. 60/068,368 filed on 19-Dec-1997, U.S. Appln. No. 60/070,657 filed on 07-Jan-1998, U.S. Appln. No. 60/070,692 filed on 07-Jan-1998, U.S. Appln. No. 60/070,704 filed on 07-Jan-1998, U.S. Appln. No. 60/070,658 filed on 07-Jan-1998, U.S. Appln. No. 60/073,160 filed on 30-Jan-1998, U.S. Appln. No. 60/073,159 filed on 30-Jan-1998, U.S. Appln. No. 60/073,165 filed on 30-Jan-1998, U.S. Appln. No. 60/073,164 filed on 30-Jan-1998, U.S. Appln. No. 60/073,167 filed on 30-Jan-1998, U.S. Appln. No. 60/073,162 filed on 30-Jan-1998, U.S. Appln. No. 60/073,161 filed on 30-Jan-1998, U.S. Appln. No. 60/073,170 filed on 30-Jan-1998, U.S. Appln. No. 60/074,141 filed on 09-Feb-1998, U.S. Appln. No. 60/074,341 filed on 09-Feb-1998, U.S. Appln. No. 60/074,037 filed on 09-Feb-1998, U.S. Appln. No. 60/074,157 filed on 09-Feb-1998, U.S. Appln. No. 60/074,118 filed on 09-Feb-1998, U.S. Appln. No. 60/076,051 filed on 26-Feb-1998, U.S. Appln. No. 60/076,053 filed on 26-Feb-1998, U.S. Appln. No. 60/076,054 filed on 26-Feb-1998, U.S. Appln. No. 60/076,052 filed on 26-Feb-1998, U.S. Appln. No. 60/076,057 filed on 26-Feb-1998, U.S. Appln. No. 60/077,714 filed on 12-Mar-1998, U.S. Appln. No. 60/077,687 filed on 12-Mar-1998, U.S. Appln. No. 60/077,686 filed on 12-Mar-1998, U.S. Appln. No. 60/077,696 filed on 12-Mar-1998, U.S. Appln. No. 60/078,566 filed on 19-Mar-1998, U.S. Appln. No. 60/078,574 filed on 19-Mar-1998, U.S. Appln. No. 60/078,576 filed on 19-Mar-1998, U.S. Appln. No. 60/078,579 filed on 19-Mar-1998, U.S. Appln. No. 60/078,563 filed on 19-Mar-1998, U.S. Appln. No. 60/078,573 filed on 19-Mar-1998, U.S. Appln. No. 60/078,578 filed on 19-Mar-1998, U.S. Appln. No. 60/078,581 filed on 19-Mar-1998, U.S. Appln. No. 60/078,577 filed on 19-Mar-1998, U.S. Appln. No. 60/080,314 filed on 01-Apr-1998, U.S. Appln. No. 60/080,312 filed on 01-Apr-1998, U.S. Appln. No. 60/080,313 filed on 01-Apr-1998, U.S. Appln. No. 60/085,180 filed on 12-May-1998, U.S. Appln. No. 60/085,105 filed on 12-May-1998, U.S. Appln. No. 60/085,094 filed on 12-May-1998, U.S. Appln. No. 60/085,093 filed on 12-May-1998, U.S. Appln. No. 60/085,924 filed on 18-May-1998, U.S. Appln. No. 60/085,906 filed on 18-May-1998, U.S. Appln. No. 60/085,927 filed on 18-May-1998, U.S. Appln. No. 60/085,920 filed on 18-May-1998, U.S. Appln. No. 60/085,928 filed on 18-May-1998, U.S. Appln. No. 60/085,925 filed on 18-May-1998, U.S. Appln. No. 60/085,921 filed on 18-May-1998, U.S. Appln. No. 60/085,923 filed on 18-May-1998, U.S. Appln. No. 60/085,922 filed on 18-May-1998, U.S. Appln. No. 60/090,112 filed on 22-Jun-1998, U.S. Appln. No. 60/089,508 filed on 16-Jun-1998, U.S. Appln. No. 60/089,507 filed on 16-Jun-1998, U.S. Appln. No. 60/089,510 filed on 16-Jun-1998, U.S. Appln. No.

60/089,509 filed on 16-Jun-1998, U.S. Appln. No. 60/090,113 filed on 22-Jun-1998, U.S. Appln. No. 60/092,956 filed on 15-Jul-1998, U.S. Appln. No. 60/092,921 filed on 15-Jul-1998, U.S. Appln. No. 60/092,922 filed on 15-Jul-1998, U.S. Appln. No. 60/094,657 filed on 30-Jul-1998, U.S. Appln. No. 60/095,486 filed on 05-Aug-1998, U.S. Appln. No. 60/096,319 filed on 12-Aug-1998, U.S. Appln. No. 60/095,455 filed on 06-Aug-1998, U.S. Appln. No. 60/095,454 filed on 06-Aug-1998, U.S. Appln. No. 60/097,917 filed on 25-Aug-1998, U.S. Appln. No. 60/098,634 filed on 31-Aug-1998, U.S. Appln. No. 60/101,546 filed on 23-Sep-1998, U.S. Appln. No. 60/102,895 filed on 02-Oct-1998, U.S. Appln. No. 60/108,207 filed on 12-Nov-1998, U.S. Appln. No. 60/113,006 filed on 18-Dec-1998, U.S. Appln. No. 60/112,809 filed on 17-Dec-1998, U.S. Appln. No. 60/116,330 filed on 19-Jan-1999, U.S. Appln. No. 60/119,468 filed on 10-Feb-1999, U.S. Appln. No. 60/125,055 filed on 18-Mar-1999, U.S. Appln. No. 60/128,693 filed on 09-Apr-1999, U.S. Appln. No. 60/130,991 filed on 26-Apr-1999, U.S. Appln. No. 60/137,725 filed on 07-Jun-1999, U.S. Appln. No. 60/145,220 filed on 23-Jul-1999, U.S. Appln. No. 60/149,182 filed on 17-Aug-1999, U.S. Appln. No. 60/152,317 filed on 03-Sep-1999, U.S. Appln. No. 60/152,315 filed on 03-Sep-1999, U.S. Appln. No. 60/155,709 filed on 24-Sep-1999, U.S. Appln. No. 60/163,085 filed on 02-Nov-1999, U.S. Appln. No. 60/172,411 filed on 17-Dec-1999, U.S. Appln. No. 60/162,239 filed on 29-Oct-1999, U.S. Appln. No. 60/215,139 filed on 30-Jun-2000, U.S. Appln. No. 60/162,211 filed on 29-Oct-1999, U.S. Appln. No. 60/215,138 filed on 30-Jun-2000, U.S. Appln. No. 60/162,240 filed on 29-Oct-1999, U.S. Appln. No. 60/215,131 filed on 30-Jun-2000, U.S. Appln. No. 60/162,237 filed on 29-Oct-1999, U.S. Appln. No. 60/219,666 filed on 21-Jul-2000, U.S. Appln. No. 60/162,238 filed on 29-Oct-1999, U.S. Appln. No. 60/215,134 filed on 30-Jun-2000, U.S. Appln. No. 60/163,580 filed on 05-Nov-1999, U.S. Appln. No. 60/215,130 filed on 30-Jun-2000, U.S. Appln. No. 60/163,577 filed on 05-Nov-1999, U.S. Appln. No. 60/215,137 filed on 30-Jun-2000, U.S. Appln. No. 60/163,581 filed on 05-Nov-1999, U.S. Appln. No. 60/215,133 filed on 30-Jun-2000, U.S. Appln. No. 60/163,576 filed on 05-Nov-1999, U.S. Appln. No. 60/221,366 filed on 27-Jul-2000, U.S. Appln. No. 60/164,344 filed on 09-Nov-1999, U.S. Appln. No. 60/195,296 filed on 07-Apr-2000, U.S. Appln. No. 60/221,367 filed on 27-Jul-2000, U.S. Appln. No. 60/164,835 filed on 12-Nov-1999, U.S. Appln. No. 60/221,142 filed on 27-Jul-2000, U.S. Appln. No. 60/164,744 filed on 12-Nov-1999, U.S. Appln. No. 60/215,140 filed on 30-Jun-2000, U.S. Appln. No. 60/164,735 filed on 12-Nov-1999, U.S. Appln. No. 60/221,193 filed on 27-Jul-2000, U.S. Appln. No. 60/164,825 filed on 12-Nov-1999, U.S. Appln. No. 60/222,904 filed on 03-Aug-2000, U.S. Appln. No. 60/164,834 filed on 12-Nov-1999, U.S. Appln. No. 60/224,007 filed on 04-Aug-2000, U.S. Appln. No. 60/164,750 filed on 12-Nov-1999, U.S. Appln. No. 60/215,128 filed on 30-Jun-2000, U.S. Appln. No. 60/166,415 filed on 19-Nov-1999, U.S. Appln. No. 60/215,136 filed on 30-Jun-2000, U.S. Appln. No. 60/166,414 filed on 19-Nov-1999, U.S. Appln.

No. 60/219,665 filed on 21-Jul-2000, U.S. Appln. No. 60/164,731 filed on 12-Nov-1999, U.S. Appln. No. 60/215,132 filed on 30-Jun-2000, U.S. Appln. No. 60/226,280 filed on 18-Aug-2000, U.S. Appln. No. 60/256,968 filed on 21-Dec-2000, U.S. Appln. No. 60/226,380 filed on 18-Aug-2000, U.S. Appln. No. 60/259,803 filed on 05-Jan-2001, U.S. Appln. No. 60/228,084 filed on 28-Aug-2000, U.S. Appln. No. 09/915,582 filed on 27-Jul-2001, U.S. Appln. No. 60/231,968 filed on 12-Sep-2000, U.S. Appln. No. 60/236,326 filed on 29-Sep-2000, U.S. Appln. No. 60/234,211 filed on 20-Sep-2000, U.S. Appln. No. 60/226,282 filed on 18-Aug-2000, U.S. Appln. No. 60/232,104 filed on 12-Sep-2000, U.S. Appln. No. 60/234,210 filed on 20-Sep-2000, U.S. Appln. No. 60/226,278 filed on 18-Aug-2000, U.S. Appln. No. 60/259,805 filed on 05-Jan-2001, U.S. Appln. No. 60/226,279 filed on 18-Aug-2000, U.S. Appln. No. 60/259,678 filed on 05-Jan-2001, U.S. Appln. No. 60/226,281 filed on 18-Aug-2000, U.S. Appln. No. 60/231,969 filed on 12-Sep-2000, U.S. Appln. No. 60/228,086 filed on 28-Aug-2000, U.S. Appln. No. 60/259,516 filed on 04-Jan-2001, U.S. Appln. No. 60/228,083 filed on 28-Aug-2000, U.S. Appln. No. 60/259,804 filed on 05-Jan-2001, U.S. Appln. No. 60/270,658 filed on 23-Feb-2001, U.S. Appln. No. 60/304,444 filed on 12-Jul-2001, U.S. Appln. No. 60/270,625 filed on 23-Feb-2001, U.S. Appln. No. 60/304,417 filed on 12-Jul-2001, U.S. Appln. No. 60/295,869 filed on 06-Jun-2001, U.S. Appln. No. 60/304,121 filed on 11-Jul-2001, U.S. Appln. No. 60/311,085 filed on 10-Aug-2001, U.S. Appln. No. 60/325,209 filed on 28-Sep-2001, U.S. Appln. No. 60/330,629 filed on 26-Oct-2001, U.S. Appln. No. 60/331,046 filed on 07-Nov-2001, U.S. Appln. No. 60/358,554 filed on 22-Feb-2002, U.S. Appln. No. 60/358,714 filed on 25-Feb-2002, U.S. Appln. No. 60/277,340 filed on 21-Mar-2001, U.S. Appln. No. 60/306,171 filed on 19-Jul-2001, U.S. Appln. No. 60/278,650 filed on 27-Mar-2001, U.S. Appln. No. 60/331,287 filed on 13-Nov-2001, U.S. Appln. No. 09/950,082 filed on 12-Sep-2001, U.S. Appln. No. 09/950,083 filed on 12-Sep-2001, PCT Appln. No. US00/29363 filed on 25-Oct-2000, PCT Appln. No. US00/29360 filed on 25-Oct-2000, PCT Appln. No. US00/29362 filed on 25-Oct-2000, PCT Appln. No. US00/29365 filed on 25-Oct-2000, PCT Appln. No. US00/29364 filed on 25-Oct-2000, PCT Appln. No. US00/30040 filed on 01-Nov-2000, PCT Appln. No. US00/30037 filed on 01-Nov-2000, PCT Appln. No. US00/30045 filed on 01-Nov-2000, PCT Appln. No. US00/30036 filed on 01-Nov-2000, PCT Appln. No. US00/30039 filed on 01-Nov-2000, PCT Appln. No. US00/30654 filed on 08-Nov-2000, PCT Appln. No. US00/30628 filed on 08-Nov-2000, PCT Appln. No. US00/30653 filed on 08-Nov-2000, PCT Appln. No. US00/30629 filed on 08-Nov-2000, PCT Appln. No. US00/30679 filed on 08-Nov-2000, PCT Appln. No. US00/30674 filed on 08-Nov-2000, PCT Appln. No. US00/31162 filed on 15-Nov-2000, PCT Appln. No. US00/31282 filed on 15-Nov-2000, PCT Appln. No. US00/30657 filed on 08-Nov-2000, PCT Appln. No. US01/01396 filed on 17-Jan-2001, PCT Appln. No. US01/01387 filed on 17-Jan-2001, PCT Appln. No. US01/01567 filed on 17-Jan-2001, PCT

Appln. No. US01/01431 filed on 17-Jan-2001, PCT Appln. No. US01/01432 filed on 17-Jan-2001, PCT Appln. No. US01/00544 filed on 09-Jan-2001, PCT Appln. No. US01/01435 filed on 17-Jan-2001, PCT Appln. No. US01/01386 filed on 17-Jan-2001, PCT Appln. No. US01/01565 filed on 17-Jan-2001, PCT Appln. No. US01/01394 filed on 17-Jan-2001, PCT Appln. No. US01/01434 filed on 17-Jan-2001, PCT Appln. No. US01/01397 filed on 17-Jan-2001, PCT Appln. No. US01/01385 filed on 17-Jan-2001, PCT Appln. No. US01/01384 filed on 17-Jan-2001, PCT Appln. No. US01/01383 filed on 17-Jan-2001, PCT Appln. No. US02/05064 filed on 21-Feb-2002, PCT Appln. No. US02/05301 filed on 21-Feb-2002, U.S. Appln. No. 09/148,545 filed on 04-Sep-1998, U.S. Appln. No. 09/621,011 filed on 20-Jul-2000, U.S. Appln. No. 09/981,876 filed on 19-Oct-2001, U.S. Appln. No. 09/149,476 filed on 08-Sep-1998, U.S. Appln. No. 09/809,391 filed on 16-Mar-2001, U.S. Appln. No. 09/882,171 filed on 18-Jun-2001, U.S. Appln. No. 60/190,068 filed on 17-Mar-2000, U.S. Appln. No. 09/152,060 filed on 11-Sep-1998, U.S. Appln. No. 09/852,797 filed on 11-May-2001, U.S. Appln. No. 09/853,161 filed on 11-May-2001, U.S. Appln. No. 09/852,659 filed on 11-May-2001, U.S. Appln. No. 10/058,993 filed on 30-Jan-2002, U.S. Appln. No. 60/265,583 filed on 02-Feb-2001, U.S. Appln. No. 09/154,707 filed on 17-Sep-1998, U.S. Appln. No. 09/966,262 filed on 01-Oct-2001, U.S. Appln. No. 09/983,966 filed on 26-Oct-2001, U.S. Appln. No. 10/059,395 filed on 31-Jan-2002, U.S. Appln. No. 09/984,245 filed on 29-Oct-2001, U.S. Appln. No. 09/166,780 filed on 06-Oct-1998, U.S. Appln. No. 09/577,145 filed on 24-May-2000, U.S. Appln. No. 09/814,122 filed on 22-Mar-2001, U.S. Appln. No. 09/189,144 filed on 10-Nov-1998, U.S. Appln. No. 09/690,454 filed on 18-Oct-2000, U.S. Appln. No. 10/062,831 filed on 05-Feb-2002, U.S. Appln. No. 10/062,599 filed on 05-Feb-2002, U.S. Appln. No. 09/205,258 filed on 04-Dec-1998, U.S. Appln. No. 09/933,767 filed on 22-Aug-2001, U.S. Appln. No. 60/184,836 filed on 24-Feb-2000, U.S. Appln. No. 60/193,170 filed on 29-Mar-2000, U.S. Appln. No. 10/023,282 filed on 20-Dec-2001, U.S. Appln. No. 10/004,860 filed on 07-Dec-2001, U.S. Appln. No. 09/209,462 filed on 11-Dec-1998, U.S. Appln. No. 09/213,365 filed on 17-Dec-1998, U.S. Appln. No. 09/627,081 filed on 27-Jul-2000, U.S. Appln. No. 09/227,357 filed on 08-Jan-1999, U.S. Appln. No. 09/983,802 filed on 25-Oct-2001, U.S. Appln. No. 09/973,278 filed on 10-Oct-2001, U.S. Appln. No. 60/239,899 filed on 13-Oct-2000, U.S. Appln. No. 09/984,490 filed on 30-Oct-2001, U.S. Appln. No. 09/776,724 filed on 06-Feb-2001, U.S. Appln. No. 09/229,982 filed on 14-Jan-1999, U.S. Appln. No. 09/669,688 filed on 26-Sep-2000, U.S. Appln. No. 60/180,909 filed on 08-Feb-2000, U.S. Appln. No. 09/236,557 filed on 26-Jan-1999, U.S. Appln. No. 09/666,984 filed on 21-Sep-2000, U.S. Appln. No. 09/820,649 filed on 30-Mar-2001, U.S. Appln. No. 60/295,558 filed on 05-Jun-2001, U.S. Appln. No. 09/244,112 filed on 04-Feb-1999, U.S. Appln. No. 09/774,639 filed on 01-Feb-2001, U.S. Appln. No. 09/969,730 filed on 04-Oct-2001, U.S. Appln. No. 60/238,291 filed on 06-Oct-2000, U.S. Appln. No. 09/251,329 filed on 17-

Feb-1999, U.S. Appln. No. 09/716,128 filed on 17-Nov-2000, U.S. Appln. No. 09/257,179 filed on 25-Feb-1999, U.S. Appln. No. 09/729,835 filed on 06-Dec-2000, U.S. Appln. No. 09/262,109 filed on 04-Mar-1999, U.S. Appln. No. 09/722,329 filed on 28-Nov-2000, U.S. Appln. No. 09/722,329 filed on 17-Jan-2002, U.S. Appln. No. 60/262,066 filed on 18-Jan-2001, U.S. Appln. No. 09/281,976 filed on 31-Mar-1999, U.S. Appln. No. 09/288,143 filed on 08-Apr-1999, U.S. Appln. No. 09/984,429 filed on 30-Oct-2001, U.S. Appln. No. 60/244,591 filed on 01-Nov-2000, U.S. Appln. No. 09/296,622 filed on 23-Apr-1999, U.S. Appln. No. 09/305,736 filed on 05-May-1999, U.S. Appln. No. 09/818,683 filed on 28-Mar-2001, U.S. Appln. No. 09/974,879 filed on 12-Oct-2001, U.S. Appln. No. 60/239,893 filed on 13-Oct-2000, U.S. Appln. No. 09/334,595 filed on 17-Jun-1999, U.S. Appln. No. 09/348,457 filed on 07-Jul-1999, U.S. Appln. No. 09/739,907 filed on 20-Dec-2000, U.S. Appln. No. 09/938,671 filed on 27-Aug-2001, U.S. Appln. No. 09/363,044 filed on 29-Jul-1999, U.S. Appln. No. 09/813,153 filed on 21-Mar-2001, U.S. Appln. No. 09/949,925 filed on 12-Sep-2001, U.S. Appln. No. 60/232,150 filed on 12-Sep-2000, U.S. Appln. No. 09/369,247 filed on 05-Aug-1999, U.S. Appln. No. 10/062,548 filed on 05-Feb-2002, U.S. Appln. No. 09/382,572 filed on 25-Aug-1999, U.S. Appln. No. 09/716,129 filed on 17-Nov-2000, U.S. Appln. No. 09/393,022 filed on 09-Sep-1999, U.S. Appln. No. 09/798,889 filed on 06-Mar-2001, U.S. Appln. No. 09/397,945 filed on 17-Sep-1999, U.S. Appln. No. 09/437,658 filed on 10-Nov-1999, U.S. Appln. No. 09/892,877 filed on 28-Jun-2001, U.S. Appln. No. 09/948,783 filed on 10-Sep-2001, U.S. Appln. No. 60/231,846 filed on 11-Sep-2000, U.S. Appln. No. 09/461,325 filed on 14-Dec-1999, U.S. Appln. No. 10/050,873 filed on 18-Jan-2002, U.S. Appln. No. 60/263,230 filed on 23-Jan-2001, U.S. Appln. No. 60/263,681 filed on 24-Jan-2001, U.S. Appln. No. 10/012,542 filed on 12-Dec-2001, U.S. Appln. No. 09/482,273 filed on 13-Jan-2000, U.S. Appln. No. 60/234,925 filed on 25-Sep-2000, U.S. Appln. No. 09/984,276 filed on 29-Oct-2001, U.S. Appln. No. 09/984,271 filed on 29-Oct-2001, U.S. Appln. No. 09/489,847 filed on 24-Jan-2000, U.S. Appln. No. 60/350,898 filed on 25-Jan-2002, U.S. Appln. No. 09/511,554 filed on 23-Feb-2000, U.S. Appln. No. 09/739,254 filed on 19-Dec-2000, U.S. Appln. No. 09/904,615 filed on 16-Jul-2001, U.S. Appln. No. 10/054,988 filed on 25-Jan-2002, U.S. Appln. No. 09/531,119 filed on 20-Mar-2000, U.S. Appln. No. 09/820,893 filed on 30-Mar-2001, U.S. Appln. No. 09/565,391 filed on 05-May-2000, U.S. Appln. No. 09/948,820 filed on 10-Sep-2001, U.S. Appln. No. 09/591,316 filed on 09-Jun-2000, U.S. Appln. No. 09/895,298 filed on 02-Jul-2001, U.S. Appln. No. 09/618,150 filed on 17-Jul-2000, U.S. Appln. No. 09/985,153 filed on 01-Nov-2001, U.S. Appln. No. 09/628,508 filed on 28-Jul-2000, U.S. Appln. No. 09/997,131 filed on 30-Nov-2001, U.S. Appln. No. 09/661,453 filed on 13-Sep-2000, U.S. Appln. No. 10/050,882 filed on 18-Jan-2002, U.S. Appln. No. 09/684,524 filed on 10-Oct-2000, U.S. Appln. No. 10/050,704 filed on 18-Jan-2002, U.S. Appln. No. 09/726,643 filed on 01-Dec-2000, U.S. Appln. No. 10/042,141 filed on

11-Jan-2002, U.S. Appln. No. 09/756,168 filed on 09-Jan-2001, U.S. Appln. No. 09/781,417 filed on 13-Feb-2001, U.S. Appln. No.10/060,255 filed on 01-Feb-2002, U.S. Appln. No. 09/789,561 filed on 22-Feb-2001, U.S. Appln. No. 09/800,729 filed on 08-Mar-2001, U.S. Appln. No. 09/832,129 filed on 11-Apr-2001, PCT Appln. No.US98/04482 filed on 06-Mar-1998, PCT Appln. No.US98/04493 filed on 06-Mar-1998, PCT Appln. No.US98/04858 filed on 12-Mar-1998, PCT Appln. No.US98/05311 filed on 19-Mar-1998, PCT Appln. No.US98/06801 filed on 07-Apr-1998, PCT Appln. No.US98/10868 filed on 28-May-1998, PCT Appln. No.US98/11422 filed on 04-Jun-1998, PCT Appln. No.US01/05614 filed on 21-Feb-2001, PCT Appln. No.US98/12125 filed on 11-Jun-1998, PCT Appln. No.US98/13608 filed on 30-Jun-1998, PCT Appln. No.US98/13684 filed on 07-Jul-1998, PCT Appln. No.US98/14613 filed on 15-Jul-1998, PCT Appln. No.US98/15949 filed on 29-Jul-1998, PCT Appln. No.US98/16235 filed on 04-Aug-1998, PCT Appln. No.US98/17044 filed on 18-Aug-1998, PCT Appln. No.US98/17709 filed on 27-Aug-1998, PCT Appln. No.US98/18360 filed on 03-Sep-1998, PCT Appln. No. US02/01109 filed on 17-Jan-2002, PCT Appln. No.US98/20775 filed on 01-Oct-1998, PCT Appln. No.US98/21142 filed on 08-Oct-1998, PCT Appln. No.US98/22376 filed on 23-Oct-1998, PCT Appln. No.US98/23435 filed on 04-Nov-1998, PCT Appln. No.US98/27059 filed on 17-Dec-1998, PCT Appln. No.US99/00108 filed on 06-Jan-1999, PCT Appln. No.US99/01621 filed on 27-Jan-1999, PCT Appln. No.US99/02293 filed on 04-Feb-1999, PCT Appln. No.US99/03939 filed on 24-Feb-1999, PCT Appln. No.US99/05721 filed on 11-Mar-1999, PCT Appln. No.US99/05804 filed on 18-Mar-1999, PCT Appln. No.US99/09847 filed on 06-May-1999, PCT Appln. No.US99/13418 filed on 15-Jun-1999, PCT Appln. No.US99/15849 filed on 14-Jul-1999, PCT Appln. No.US01/00911 filed on 12-Jan-2001, PCT Appln. No.US01/29871 filed on 24-Sep-2001, PCT Appln. No.US99/17130 filed on 29-Jul-1999, PCT Appln. No.US99/19330 filed on 24-Aug-1999, PCT Appln. No.US99/22012 filed on 22-Sep-1999, PCT Appln. No.US99/26409 filed on 09-Nov-1999, PCT Appln. No.US99/29950 filed on 16-Dec-1999, PCT Appln. No.US00/00903 filed on 18-Jan-2000, PCT Appln. No.US00/03062 filed on 08-Feb-2000, PCT Appln. No.US00/06783 filed on 16-Mar-2000, PCT Appln. No.US00/08979 filed on 06-Apr-2000, PCT Appln. No.US00/15187 filed on 02-Jun-2000, PCT Appln. No.US00/19735 filed on 20-Jul-2000, PCT Appln. No.US00/22325 filed on 16-Aug-2000, PCT Appln. No.US00/24008 filed on 31-Aug-2000, PCT Appln. No.US00/26013 filed on 22-Sep-2000, PCT Appln. No.US00/28664 filed on 17-Oct-2000, US Appln. No. 09/833,245 filed on 12-Apr-2001, PCT Appln. No. US01/11988 filed on 12-Apr-2001, US Appln. No. 10/100,683 filed 19-Mar-2002, PCT Appln. No. US02/08278 filed on 19-Mar-2002, PCT Appln. No. US02/08279 filed on 19-Mar-2002, PCT Appln. No. US02/08123 filed on 19-Mar-2002, PCT Appln. No. US02/09785 filed on 19-Mar-2002, PCT

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Abstract

The present invention relates to human secreted polypeptides, and isolated nucleic acid molecules encoding said polypeptides, useful for diagnosing and treating cancer and other hyperproliferative diseases and disorders. Antibodies that bind these polypeptides are also encompassed by the present invention. Also encompassed by the invention are vectors, host cells, and recombinant and synthetic methods for producing said polynucleotides, polypeptides, and/or antibodies. The invention further encompasses screening methods for identifying agonists and antagonists of polynucleotides and polypeptides of the invention. The present invention further encompasses methods and compositions for inhibiting or enhancing the production and function of the polypeptides of the present invention.